MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01267

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville; LENGTH OF STAY (In this place) 3 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 7721 Daniel Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville; STREET ADDRESS (If rural, give location) 7721 Daniel Ave.

3. NAME OF DECEASED (Type or Print): (First) Cordelia (Middle) (Last) Albert

4. DATE OF DEATH: (Month) (Day) (Year) Feb. 5, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 24, 1883

9. AGE last birthday: 69 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Carroll Co.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Washington Myers

14. MOTHER'S MAIDEN NAME: Mary Jane Black

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Charles McKinstry, Parkville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio-Renal — 260X

(c) Vascular Disease — 15 yrs.

Diabetes mellitus — 5 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1946 to Feb. 5, 1953, that I last saw the deceased alive on Feb. 3, 1953 and that death occurred at 3:40 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Charles E. McDonald M.D. 750 York Rd 2/7/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Feb. 9, 1953

NAME OF CEMETERY OR CREMATORY: Pleasant Valley

LOCATION (City, town, or county) (State): Carroll Co. Md.

DATE REC'D BY LOCAL REG. 2-5-53

REGISTRAR'S SIGNATURE: Mary B. Sline

24. FUNERAL DIRECTOR: H. Bankard Son

ADDRESS: Westminster, Md.

VS. A15

RECEIVED
FEB 8 1971
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01268

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto. 6 | LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4503 Forrest View Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 6
STREET ADDRESS (If rural, give location) 4503 Forrest View Ave.

3. NAME OF DECEASED (Type or Print): (First) CARRIE (Middle) B. (Last) ALDRIDGE

4. DATE OF DEATH: (Month) Feb. (Day) 22 (Year) 1953

5. SEX: female | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married | 8. DATE OF BIRTH: 5-29-1874 | 9. AGE last birthday: 78 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife | 10b. KIND OF BUSINESS OR INDUSTRY: own home | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Levi Ecker | 14. MOTHER'S MAIDEN NAME: Mary Gittings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. none | 17. INFORMANT AND ADDRESS: Mrs. LeRoy Keys, Same as above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443X Immediate cause (a) Pulmonary Edema — 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cardio-Vascular Hypertensive Disease — 10 years

(c) Arteriosclerosis — 10 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1949, to 22 Feb, 1953, that I last saw the deceased alive on 21 Feb, 1953, and that death occurred at 6:20 P. m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

Michael J. Dausch | M.D. | 4636 Belair Rd. | 2/22/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE THEREOF 2-25-1953 | NAME OF CEMETERY ~~OR CREMATORY~~ Pleasant Hill Brethren | LOCATION (City, town, or county) (State) Frederick Co., Md.

DATE REC'D BY LOCAL REG. Feb. 23/53 | REGISTRAR'S SIGNATURE Mrs. A. L. Reifsnider | 24. FUNERAL DIRECTOR C. M. Waltz, Winfield, Md. | ADDRESS

RECEIVED
12 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

01269

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wayne Nursing Home Smithwood & Summit Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural give location) 416 Oak Forest Ave.

3. NAME OF DECEASED: (Type or Print) (First) VIOLA (Middle) E. (Last) ALT

4. DATE OF DEATH: (Month) Feb. (Day) 4 (Year) 19 53

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Feb. 23, 1893

9. AGE Last birthday: 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Alt

14. MOTHER'S MAIDEN NAME: Emma -

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Catonsville, Md. Mrs. C. R. Conklin, Jr. 416 Oak Forest Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Immediate cause (a) Carcinoma of Colon — 10 months

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b)

DUE TO (c)

153

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: August 1952

19b. MAJOR FINDINGS OF OPERATION Carcinoma of Colon

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-12, 19 52, to 2-4, 19 53, that I last saw the deceased alive on 2-4, 19 53, and that death occurred at 11:40 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Jen Aelman M.D. 120 Poplar Home St 2-5-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 2/6/53

NAME OF CEMETERY OR CREMATORY Western Cem.

LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REGISTRAR 2/6/53

REGISTRAR'S SIGNATURE A W Kendrick

24. FUNERAL DIRECTOR Wm. J. Tickner & Sons

ADDRESS Balto. 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01270 Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 415

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Parkville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 2704 Taylor Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Parkville; STREET ADDRESS (If rural, give location) 2704 Taylor Avenue

3. NAME OF DECEASED (Type or Print): (First) CLARENCE (Middle) F. (Last) AMREIN

4. DATE OF DEATH: (Month) Feb. (Day) 4 (Year) 19 53

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Feb. 21, 1895

9. AGE last birthday: 57 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman, Carpenter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John W. Amrein

14. MOTHER'S MAIDEN NAME: Ann Eicholtz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 216-10-7118

17. INFORMANT AND ADDRESS: Mrs. May F. Amrein, 2704 Taylor Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 24 hrs.

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Rheumatic Cardiovascular disease with mitral insufficiency — 5-40 yrs.

410 ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. — none —

19a. DATE OF OPERATION: none | 19b. MAJOR FINDINGS OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1948, to 4 Feb, 1953, that I last saw the deceased alive on 3 Feb, 1953, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Edward L. Mast M.D. 7425 Harford Rd Baltimore 14 Md 5 Feb 53.

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 2/7/53 | NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery | LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 2/6/53 | REGISTRAR'S SIGNATURE: a adams | 24. FUNERAL DIRECTOR ADDRESS: Leonard J. Tuck, 5305 Harford Road.

Dr. Molz, 12-2
7425 Harford Road

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

01271

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AL-K

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dead on arrival at VAH, Fort Howard, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3654 Beech Avenue

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) G. (Last) BAKER
4. DATE OF DEATH: (Month) February (Day) 12 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 7-8-81
9. AGE last birthday: 71 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Investigator - Brotherhood of Railroad Trainmen
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Easton, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas P.
14. MOTHER'S MAIDEN NAME: Lydia Wood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): SAW
16. SOCIAL SECURITY No.: 215-16-2641
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) CORONARY OCCLUSION — Interval between onset and death: Immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) PNEUMONIA - CARDIOVASCULAR HEART DISEASE — >
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) 12 (Day) 12 (Year) 1953 (Hour) 1 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J. McCarmore M.D. Medical Examiner Balto. Co Dundalk Md 2/12/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Feb 16-53
NAME OF CEMETERY OR CREMATORY: Balto National Cemetery
LOCATION (City, town, or county) (State): Baltimore Md

DATE REC'D BY LOCAL REG.: 2/13/53
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR: Frank H. Seitz
ADDRESS: 814 N. 36th St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN CATONSVILLE
LENGTH OF STAY (in this place) 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRING GROVE STATE Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY PRI. GEO. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LAUREL
STREET ADDRESS (If rural, give location) 411 - 4th St.

3. NAME OF DECEASED: (Type or Print) (First) ~~BARBER~~ (Middle) NELLIE C. (Last) BARBER

4. DATE OF DEATH: (Month) 2 (Day) 22 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W.

8. DATE OF BIRTH: 6-14-1861

9. AGE last birthday: 92 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNK

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): NEW YORK

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: HENRY KILBORN

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) UNK (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: UNK

17. INFORMANT & ADDRESS: RECORDS of SPRING GROVE STATE Hosp.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

490.0

Immediate cause (a) CARDIO-RESPIRATORY FAILURE — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) GENERALIZED ARTERIOSCLEROSIS — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: NONE

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. —

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on 22 FEB., 19 53, and that death occurred at 10 55 P. m., from the causes and on the date stated above.

SIGNATURE W. S. Williamson M.D. (DEGREE OR TITLE) ADDRESS Spring Grove State Hospital DATE SIGNED 2-24-53.

23. BURIAL, CREMATION REMOVAL (Specify): DATE THEREOF 2/25/53 NAME OF CEMETERY OR CREMATORY FORT LINCOLN LOCATION (City, town, or county) MARYLAND (State)

DATE REC'D BY LOCAL REG. 2-23-53 REGISTRAR'S SIGNATURE V. E. Harry

24. FUNERAL DIRECTOR DeWitt Donaldson ADDRESS 313 Talbot Ave Laurel, Md.

FEB 25 1953
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 0273 352

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 28
LENGTH OF STAY (in this place) MARYLAND 10 yrs., 3 mths., 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 645 East 36th Street

3. NAME OF DECEASED: (Type or Print) (First) ADELE (Middle) ILLIMS (Last) BAKER

4. DATE OF DEATH: (Month) 2 (Day) 12 (Year) 19 53

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 3-17-84

9. AGE Last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Saleslady

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: John Williams

14. MOTHER'S MAIDEN NAME: Adele Proux

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Hospital Records, Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

481X

Immediate cause (a) Influenza — 3 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic cardiovascular disease — years

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☑

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-1, 1952, to 2-12, 1953, that I last saw the deceased alive on 2-12, 1953, and that death occurred at 6:55 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Louis F. Woodward M.D. ADDRESS Spring Grove Hospital, Catonsville 28, Md. DATE SIGNED 2-12-53

23. BURIAL ☐, CREMATION ☐, REMOVAL ☐ (Specify) Burial — DATE THEREOF 2/16/53 — NAME OF CEMETERY OR CREMATORY 1st. United Evangelical — LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REGISTRAR 2/14/53 — REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR George L. Beyer Jr. — ADDRESS 1512 Gallows St Balto 23 Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11271 Reg. Dist. No. 44

1 PLACE OF DEATH:
COUNTY: Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
MARYLAND
LENGTH OF STAY (in this place): 43 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Crisfield
STREET ADDRESS (If rural give location): 73 Richardson Avenue

3. NAME OF DECEASED: (Type or Print) (First) OLIN (Middle) R. (Last) BEDSWORTH

4. DATE OF DEATH: (Month) February (Day) 5 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6-26-88

9. AGE Last birthday: 64 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Contractor - wood frame buildings

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Crisfield, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George Grant Bedsworth

14. MOTHER'S MAIDEN NAME: Isabel Webster

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY No.: 215-05-7001

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CARCINOMA OF LEFT LUNG — Interval Between Onset And Death: UNKNOWN

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

162

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work [ ] Not While At Work [ ] HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec.24, 1952, to Feb. 5, 1953 and that death occurred at 12:55 AM, from the causes and on the date stated above.

WILLIAM B. VANDEGRIFT, M. D. (Degree or title) ADDRESS: VAH, FORT HOWARD, MARYLAND DATE SIGNED: 2-5-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: FEB 7 1953 NAME OF CEMETERY OR CREMATORY: Crisfield Cemetery LOCATION (City, town, or county) (State): Crisfield, Maryland

DATE REC'D BY LOCAL REGISTRAR: 2/6/53 REGISTRAR'S SIGNATURE: A W Henderson

24. FUNERAL DIRECTOR ADDRESS: Bradshaw Funeral Home, Crisfield, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto Md 22 — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pal ... Hos

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Turners Station, Md 22
STREET ADDRESS (If rural, give location) 721 NEW PITTSBURG AVE

3. NAME OF DECEASED (Type or Print): (First) LARRY (Middle) Thomas G. (Last) BELL
4. DATE OF DEATH (Month) 2 (Day) 12 (Year) 53

5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, ~~WIDOWED~~, DIVORCED, (Specify)
8. DATE OF BIRTH 5-20-50
9. AGE last birthday 2 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Balto. Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Lawrence Bell Jr.
14. MOTHER'S MAIDEN NAME Marion Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Lawrence Bell, Jr

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

124.8 Immediate cause (a) D Rowning —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) .....

(c) .....

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Patapsco River — (CITY OR TOWN) Turners Sta. — (COUNTY) Baltimore County — (STATE) Md
TIME OF INJURY (Month) 2 (Day) 11 (Year) 53 (Hour) 10:30 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY occur? Fell in river

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 2/15/53 — NAME OF CEMETERY OR CREMATORY Gladstone Mem. Park — LOCATION (City, town, or county) (State) Baltimore, Md

DATE REC'D BY LOCAL REG. 2/13/53 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Charles R. Law — ADDRESS 802 Wad... Ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 01276

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

VS. 415

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Middle River; LENGTH OF STAY (in this place) 5 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 54 Bluestem

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Middle River; STREET ADDRESS (If rural give location) 54 Bluestem

3. NAME OF DECEASED: (Type or Print) (First) Judge (Middle) R. (Last) Bell

4. DATE OF DEATH: (Month) 2 (Day) 17 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Jan 26 1872

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housework

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Worcester Co. Md.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Monroe Buttingham

14. MOTHER'S MAIDEN NAME: Elizabeth Shea

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs Paul Hancock 54 Bluestem Middle River

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) CORONARY OCCLUSION — Interval Between Onset And Death: 12 HRS

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) ARTERIOSCLEROTIC CARDIOVASC. DISEASE — 15 YRS

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify, that I attended the deceased from Dec ..., 19 52, to Feb ..., 19 53, that I last saw the deceased alive on Feb 16, 19 53, and that death occurred at 6:25 ..., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Conrad Hemmens MD 1437 Eutaw Place Baltimore Md 2/17/53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 2/20/53 NAME OF CEMETERY OR CREMATORY Woodlawn Memorial Park LOCATION (City, town, or county) (State) Baltimore Co. Md.

DATE REC'D BY LOCAL REGISTRAR 2/19/53 REGISTRAR'S SIGNATURE A. W. Hedrich

24. FUNERAL DIRECTOR John F. Donnelly & Sons ADDRESS 901 Baltimore St.

J C L

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01277

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 950 Dulaney Valley Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 950 Dulaney Valley Rd

3. NAME OF DECEASED (Type or Print): (First) Ragnar (Middle) J. (Last) Bengtson

4. DATE OF DEATH (Month) (Day) (Year): Feb. 8/53 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Dec. 11, 1890

9. AGE last birthday: 62 yrs.
If under 1 year: Months | Days
If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manager

10b. KIND OF BUSINESS OR INDUSTRY: Williams Barber Shop

11. BIRTHPLACE (State or foreign country): Sweden

12. CITIZEN OF WHAT COUNTRY? Sweden

13. FATHER'S NAME: Ragnar J. Bengtson the 1st

14. MOTHER'S MAIDEN NAME: Charlotta----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

16. SOCIAL SECURITY NO. (If yes, give war or dates of service): 085 10 1045

17. INFORMANT AND ADDRESS: Mrs. Charles Sauerhoff, 950 Dulaney Valley Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) HYPERTENSIVE CARDIOVASCULAR -	2 YRS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) RENAL DISEASE	
	(c) UREMIA	12 DAYS

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ARTERIOSCLEROSIS

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 4, 1952 to Feb. 8, 1953 that I last saw the deceased alive on Feb. 8, 1953 and that death occurred at 7:30 P. m., from the causes and on the date stated above.

SIGNATURE: Stuart D. Sunday (Degree or title) ADDRESS 201 East 33rd St. DATE SIGNED 2/10/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Feb. 11/53

NAME OF CEMETERY OR CREMATORY: Greenmount

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Harry A. Winterling ADDRESS 2101 Edmondson Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4K

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 41 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 1037 N. Carey Street

3. NAME OF DECEASED: (Type or Print) (First) ARTHUR (Middle) L. (Last) BERRY

4. DATE OF DEATH: (Month) February (Day) 23 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 1-14-26

9. AGE last birthday: 27 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Porter

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO.: 218-12-3954

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) CHRONIC GLOMERULAR NEPHRITIS WITH HYPERTENSION	UNKNOWN
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) HYPERTENSIVE CARDIOVASCULAR DISEASE	UNKNOWN
	DUE TO (c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan.13, 19 53, to Feb.23, 19 53, ~~that I last saw the deceased~~ and that death occurred at 6:30 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
FRANCIS G. DICKEY, M. D., Chief, Medical Service, VAH, Fort Howard, Md. 2-24-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 2/27/53 NAME OF CEMETERY OR CREMATORY Baltimore National LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS
Isaiah L. Brown Funeral Home 108 W. Montgomery St., Baltimore, Maryland

VS. A15

Previous Residence Fullerton Md

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Co; MARYLAND LENGTH OF STAY (In this place) 2 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Augsburg Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Govans Md; STREET ADDRESS (If rural, give location) 6811 Campfield Rd

3. NAME OF DECEASED (Type or Print): (First) Bertha (Middle) L (Last) Beyer

4. DATE OF DEATH: (Month) 2 (Day) 21 (Year) 53 19

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): (Widow)

8. DATE OF BIRTH: Sept 4, 871

9. AGE: Last birthday 81 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Stelke

14. MOTHER'S MAIDEN NAME: Elis Tesk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Records Aug Home 6811 Campfield Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) (1) - Arterio-Sclerotic Heart Disease — Interval Between Onset and Death: 2 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (2) - Generalized Arterio-Sclerosis — 5 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis. — 1 yr.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Earl L. Chambers (Degree or title) Dr-D ADDRESS 4108 Liberty Hts. (City) Balto (State) 7 Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 2/24/53

NAME OF CEMETERY OR CREMATORY: Maryland Memorial Park

LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Paul Williams ADDRESS 6067 Harford Rd

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

011283

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6802 Bessemer Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk
STREET ADDRESS (If rural, give location): 6802 Bessemer Ave.

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) ANDREW (Last) BINKO

4. DATE OF DEATH: (Month) Feb. (Day) 13, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 2, 1889

9. AGE last birthday: 63 yrs. If under 1 year: Months. If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Heater

10b. KIND OF BUSINESS OR INDUSTRY: Steel Co.

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Binko

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If year, give war or dates of service): No.

16. SOCIAL SECURITY NO.: 214-01-3852

17. INFORMANT: Mrs. Susie Binko. 6802 Bessemer Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Hypertension - Arteriosclerotic Heart Disease — Interval between onset and death: 16 Mos

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 6, 1953, to Feb. 13, 1953, that I last saw the deceased alive on Feb. 13, 1953, and that death occurred at 11:45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Eugene R. Evans — ADDRESS: 1 Liberty Parkway — DATE SIGNED: 2-14-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Feb. 17, 1953 — NAME OF CEMETERY OR CREMATORY: Holy Redeemer — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 2/16/53 — REGISTRAR'S SIGNATURE: A W Helmes

24. FUNERAL DIRECTOR — ADDRESS: Ullrich Funeral Home 2008 Orleans St.

11

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Catonsville
LENGTH OF STAY (in this place) 1yr.1mos.22days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mutual
STREET ADDRESS (If rural, give location) Mutual P. O.

3. NAME OF DECEASED: (Type or Print) (First) Anne (Middle) (Last) Bivens

4. DATE OF DEATH: (Month) (Day) (Year) February 25, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 5-20-1881

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months / Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John W. Wagner

14. MOTHER'S MAIDEN NAME: Mary Garrish

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.0
Immediate cause (a) Hypostatic pneumonia — Interval Between Onset and Death: 2 days
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Cardiac failure — 1 wk.
DUE TO
(c) Arteriosclerotic heart disease — Years

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis — Years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-11-, 1952, to 2-25-, 1953, that I last saw the deceased alive on 2-25-, 1953, and that death occurred at 12:15 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Ethel B. Herrmann-Greene M.D.
ADDRESS Spring Grove State Hospital Catonsville 28, Maryland
DATE SIGNED 2-25-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 2/28/53
NAME OF CEMETERY OR CREMATORY Stone Chapel
LOCATION (City, town, or county) Pikesville Md. (State)

DATE REC'D BY LOCAL REG. 2-27-53
REGISTRAR'S SIGNATURE W. C. Nichols

24. FUNERAL DIRECTOR Frank A. Newell, Pikesville, Md.
ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 0128 - 1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - ROCKDALE
LENGTH OF STAY (in this place) 21 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8032 LIBERTY Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - ROCKDALE
STREET ADDRESS (If rural give location) 8032 LIBERTY Rd.

3. NAME OF DECEASED: (Type or Print) (First) SARAH (Middle) EDNA (Last) BOGGESS

4. DATE OF DEATH: (Month) 2 (Day) 3 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: March 28, 1879

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Housewife.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Monroe Yeabower

14. MOTHER'S MAIDEN NAME: Georgeanna Chilcoat.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 212-22-7716

17. INFORMANT & ADDRESS: Husband - William Boggess 8032 LIBERTY Rd Balto 7 Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Carcinoma of Breast with generalized metastasis — Interval Between Onset And Death: 8 months

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO:

(c)

170.4

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 15, 1952 to February 3, 1953, that I last saw the deceased alive on 2/3, 1953 and that death occurred at 2:30 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Edwin L. Pierpont, M.D. ADDRESS 8204 LIBERTY Rd, Balto 7 Md. DATE SIGNED 2/3/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Feb. 6 1953 NAME OF CEMETERY OR CREMATORY Druid Ridge Cem. LOCATION (City, town, or county) Catonsville Balto Co. (State) Md.

DATE REC'D BY LOCAL REGISTRAR 2/4/53 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR J. Wallis Lamotte ADDRESS 4510 Liberty Hts Ave

VS. AT5

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

61283

Reg. Dist. No. 39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenelg | LENGTH OF STAY (In this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenelg
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Andrew (Middle) Elmer (Last) Bosley

4. DATE OF DEATH: (Month) Feb (Day) 17 (Year) 1953

5. SEX: male | 6. COLOR OR RACE: white | 7. SINGLE, (MARRIED) WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH: Nov 8, 1886 | 9. AGE last birthday: 66 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer | 10b. KIND OF BUSINESS OR INDUSTRY: railroad | 11. BIRTHPLACE (State or foreign country): Balto. Co. Md. | 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Joseph Bosley | 14. MOTHER'S MAIDEN NAME: Katherine Carmen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): no | 16. SOCIAL SECURITY NO.: 717-07-6770 | 17. INFORMANT AND ADDRESS: Mrs Alma Bosley, Glenelg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

42 ?

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19 43, to Feb 17, 1953, that I last saw the deceased alive on Feb 16, 1953, and that death occurred at 3:40 p.m., from the causes and on the date stated above.

SIGNATURE: C. M. France | (Degree or title): M.D. | ADDRESS: Parkton Md | DATE SIGNED: 2/17/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 2-19-53 | NAME OF CEMETERY OR CREMATORY: Wesley Chapel | LOCATION (City, town, or county) (State): Monkton, Md.

DATE REC'D BY LOCAL REG. 2/19/53 | REGISTRAR'S SIGNATURE: M. Elizabeth Bonsel

24. FUNERAL DIRECTOR: J. Scott Brooke, Sparks, Md. | ADDRESS

Item 1 Film: 1a1 2/27/53 why

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 28

CERTIFICATE OF DEATH

Reg. Dist. No. 40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Fork
LENGTH OF STAY (in this place) 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fork Md.
STREET ADDRESS (If rural give location) Hyde R. F. D. Md

3. NAME OF DECEASED: (Type or Print) (First) Leon (Middle) ✓ (Last) Bosley
4. DATE OF DEATH: (Month) Feb (Day) 3 (Year) 1953

5. SEX: M. | 6. COLOR OR RACE: W. | 7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Widowed | 8. DATE OF BIRTH: Dec. 10-1864 | 9. AGE last birthday: 88 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer | 10b. KIND OF BUSINESS OR INDUSTRY: Farm | 11. BIRTHPLACE (State or foreign country): Harford Co. Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Milton Bosley | 14. MOTHER'S MAIDEN NAME: Amanda Tredwell

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY No.: ✓ | 17. INFORMANT & ADDRESS: Mrs. L. M. Hifford 1 N. Franklin St. Balto 1 - Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0 Immediate cause (a) Cardiac Insufficency — Interval Between Onset And Death: 10 yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) .....
DUE TO (c) Arteriosclerosis — yrs

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg, etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1930, to Feb 3., 1953, that I last saw the deceased alive on Feb 3, 1953, and that death occurred at 8:30 A M, from the causes and on the date stated above.
SIGNATURE Walter McDermott (Degree or title) ADDRESS Baltimore DATE SIGNED Feb 3-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Feb. 6-53 | NAME OF CEMETERY OR CREMATORY Grove Cem. | LOCATION (City, town, or county) Aberdeen (State) Md.

DATE REC'D BY LOCAL REGISTRAR Feb. 4-53 | REGISTRAR'S SIGNATURE C. E. Arthur D. Local Reg. | 24. FUNERAL DIRECTOR C. E. Arthur | ADDRESS Fork Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1285

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN) Catonsville
LENGTH OF STAY (in this place) 14 yrs 3 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED: (Type or Print) (First) ELIZABETH (Middle) D. (Last) LOUCHELLE

4. DATE OF DEATH: (Month) Feb (Day) 21 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 2-9-1862

9. AGE Last birthday: 90 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: [illegible]

14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

49

Immediate cause (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Old Age — 1 year

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 18, 1952 to Feb 21, 1953, that I last saw the deceased alive on ....., 19....., and that death occurred at 2:30 p.m., from the causes and on the date stated above.

SIGNATURE [illegible] (DEGREE OR TITLE) M.D. ADDRESS [illegible] DATE SIGNED 2-23-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Feb. 24, 1953

NAME OF CEMETERY OR CREMATORY: Angel Hill

LOCATION (City, town, or county) Havre de Grace (State) Md.

DATE REC'D BY LOCAL REG. 2-21-53

REGISTRAR'S SIGNATURE V. E. Harry

24. FUNERAL DIRECTOR R. Madison Mitchell ADDRESS Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01286 Reg. Dist. No.

1. PLACE OF DEATH
COUNTY Todd Av. and Old Bay Rd. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft Howard
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS none

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft Howard
STREET ADDRESS (If rural, give location) Todd Av. and Old Bay Rd.

3. NAME OF DECEASED (Type or Print): (First) Minnie (Middle) A (Last) Bowers
4. DATE OF DEATH: (Month) Feb. (Day) 11 (Year) 53 19

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: April 2 1889
9. AGE last birthday: 63 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Louis Applemyer
14. MOTHER'S MAIDEN NAME: Maggie ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Edward J Bowers Denton Ave Fort Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420.0 Immediate cause	(a) Influenza.	2 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary occlusion	6 years.
	(c) Coronary intra-muscular and intra-myocardial	ages?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetic Heart disease

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 21, 19 53 to Feb 10, 19 53 that I last saw the deceased alive on Feb 10, 19 53 and that death occurred at 12:15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Melinda M.D. 520 D St. Balto 2-13-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Feb-14-53 — NAME OF CEMETERY OR CREMATORY: Parkwood Cem — LOCATION (City, town, or county) (State): Balto

DATE REC'D BY LOCAL REG. 2/13/53 — REGISTRAR'S SIGNATURE: A.W. Hedrick

24. FUNERAL DIRECTOR — ADDRESS: Undertaking Home 2112 Dundalk

DNK

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 0128

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 23
STREET ADDRESS (If rural, give location) 1938 Christian St

3. NAME OF DECEASED: (First) JOHN (Middle) I (Last) BOWIKELMAN
4. DATE OF DEATH: (Month) Feb (Day) 8 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W		3-6-1902	50 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John A. Bowie Kelman
14. MOTHER'S MAIDEN NAME: Mary V — Hyson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S ADDRESS: Leroy Bowie Kelman 1938 Christian St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) CONGESTIVE HEART FAILURE	1d
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) CARDIAC HYPERTROPHY + DILATATION	?
	DUE TO (c) CHR. Rheumatoid Mitral Stenosis	?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Imbecility

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from Jan. 28, 19 53 to Feb 8, 19 53, that I last saw the deceased alive on ....., 19....., and that death occurred at 6.30 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Virginia Huffer M.D. Spring Grove Hospital Catonsville Md 2-8-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 2/11/53
NAME OF CEMETERY OR CREMATORY Balto.
LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Wm Cook Inc. ADDRESS 1217 St. Paul St.

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 31

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodlawn; LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Gordon Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodlawn; STREET ADDRESS (If rural, give location): Gordon Ave.

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) STEWART (Last) BRADY

4. DATE OF DEATH: (Month) (Day) (Year): 2-12-53 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 9-16-1876

9. AGE last birthday: 76 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Peter Brady

14. MOTHER'S MAIDEN NAME: Gertrude Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: ?

17. INFORMANT AND ADDRESS: William Brady, Woodlawn, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of the Right Lung — Interval Between Onset and Death: 1½ years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION: Nov 1952

19b. MAJOR FINDINGS OF OPERATION: Carcinoma right lung inoperable

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 5, 1937, to Feb 12, 1953, that I last saw the deceased alive on Feb 11, 1953, and that death occurred at 9:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Joshua H. Armacost M.D. ADDRESS: 6412 Windsor Mill Rd Baltimore DATE SIGNED: 2/13/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 2-14-53

NAME OF CEMETERY OR CREMATORY: Edgehill

LOCATION (City, town, or county) (State): Charlestown, W. Va

DATE REC'D BY LOCAL REG.: 2/14/53

REGISTRAR'S SIGNATURE: Vivie L. Herlihy

24. FUNERAL DIRECTOR ADDRESS: F.C. Higinbothom, Ellicott City, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 37 — 04289

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville (Rural) — LENGTH OF STAY (in this place) Life — HOSPITAL OR INSTITUTION OR STREET ADDRESS Warren Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville (Rural) — STREET ADDRESS (If rural give location) Warren Rd.

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) Talbott (Last) Britton

4. DATE OF DEATH: (Month) 2 (Day) 23 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: June 27. 1874

9. AGE last birthday: 78 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): inspector

10b. KIND OF BUSINESS OR INDUSTRY: Highway dept

11. BIRTHPLACE (State or foreign country): Harford Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Britton

14. MOTHER'S MAIDEN NAME: Henrietta Moorehead

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.): no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Miss Maude Britton, Cockeysville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

088X

Immediate cause (a) Coronary Occlusion — 6 Hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Herpes Zoster (Recurrent) — 6 Months

DUE TO

(c) Anemia (Pernicious) (Chronic) Apparently Intractable — 4 Months

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 12, 1953, to February 23, 1953, that I last saw the deceased alive on Feb. 14, 1953, and that death occurred at 8:45 AM from the causes and on the date stated above.

SIGNATURE (Degree or title) W. Gretton Hersperger M.D. — ADDRESS 214 Medical Arts Bldg. Balt. — DATE SIGNED 2/24/53

23. BURIAL, CREMATION, REMOVAL. (Specify) Burial — DATE THEREOF 2-26-53 — NAME OF CEMETERY OR CREMATORY Jessop's Methodist — LOCATION (City, town, or county) (State) Sparks, Md.

DATE REC'D BY LOCAL REGISTRAR 25 February 1953 — REGISTRAR'S SIGNATURE Anne Armistead MacRae

24. FUNERAL DIRECTOR — ADDRESS F. Scott Brooks, Sparks, Md

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (290)

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1E—8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ockeysville Md — LENGTH OF STAY (In this place) 11 yrs 10 M
HOSPITAL OR INSTITUTION OR STREET ADDRESS Masonic Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 4211 Nicholas Ave

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
Joseph	Yardley	Buckmans	Feb. 15 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Widower	Oct. 26 - 1865	87 yrs.	8			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Saw Maker	Saw Making	Newtown Buck Co. Pa	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Joseph Y. Buckman	Mary A. Watson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
	212 - 16 - 2264	Laura M. Schroder

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
161X		
Immediate cause	(a) Carcinoma Larynx	4 Months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriosclerosis	5 yrs
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from April, 1949, to Feb. 14, 1953 that I last saw the deceased alive on Feb. 14, 1953, and that death occurred at 1:10 a.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Walter T. Lees	M. D.	Ockeysville	15 Feb 53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Wilmington Del.	Feb 17 - 53	Gracetown Cemetery	Wilmington Del.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-17-53	Laura M. Schroder	Wm. Cook,	St. Paul & Preston St

COPY SENT TO
FEB
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 39 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 301 N. Rolling Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
STREET ADDRESS (If rural, give location): 301 N. Rolling Rd.

3. NAME OF DECEASED (Type or Print): (First) A. (Middle) Guy (Last) Buffington

4. DATE OF DEATH: (Month) 2 (Day) 7 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12-6-1872

9. AGE last birthday: 30 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Commission Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Poultry

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Albert L. Buffington

14. MOTHER'S MAIDEN NAME: Frances Clary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. A. Guy Buffington (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Thrombosis	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio-vascular Renal Disease	3 years
2601	(c) Diabetes Mellitus	15 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Hypertension Arthritis — 20 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1940, to 2/7, 1953, that I last saw the deceased alive on 2/6, 1953, and that death occurred at 4:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Elliott W. Johnson M.D. — ADDRESS: 3432 Frederick Ave. — DATE SIGNED: 2/7/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2-10-53 — NAME OF CEMETERY OR CREMATORY: Loudon Park — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 2-8-53 — REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR — ADDRESS: Jacob & Son — Catonsville

761

FEB 1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 0937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY: Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cockeysville, Md

LENGTH OF STAY (in this place): 2 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Masonic Home

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md — COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore

STREET ADDRESS (If rural, give location): 2852 Hiss Ave

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH: (Month) (Day) (Year)	5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
(Type or Print) Cora Frances Bull	Feb. 3 1953	Female	White		Nov. 12th 1873	79 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Asst Matron of home Mother	John Hopkins Hospital	Mt Vernon Ill.	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Ambrose Yates	Emma MacGibbin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Laura M. Schroeder

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Vascular accident 29 Jan 53 — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Cerebral Arteriosclerosis — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) 6 days; (b) 2 yrs ?

331

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 4/6, 19 51, to 2/3, 1953, that I last saw the deceased alive on 2/3, 1953, and that death occurred at 6:10 P.m., from the causes and on the date stated above.

SIGNATURE: Walter T. Ives — (DEGREE OR TITLE) M.D. — ADDRESS: Cockeysville Md — DATE SIGNED: 2/3/53

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	2/6/53	Parkwood	Baltimore Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/6/53	Laura M. Schroeder	Wm. Cook, St. Paul & Preston St.	

RECE
FEB 6-53
FBI-BAU V. S.
Copy sent C.H.O.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 0139

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 6 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp.Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 702 S. Lakewood Avenue

3. NAME OF DECEASED (Type or Print): (First) AARON (Middle) W (Last) BURGER

4. DATE OF DEATH: (Month) February (Day) 22 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2-9-1900

9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): York, Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Aaron Burger

14. MOTHER'S MAIDEN NAME: Daisy Willie

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes
(If Yes, give war or dates of service): WW-I

16. SOCIAL SECURITY No.: 212 12 4447

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Fort Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) MYOCARDIAL INFARCTION — Interval Between Onset And Death: 7 Days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 16, 19 53, to Feb. 22, 19 53, that I last saw the deceased on [redacted] and that death occurred at 10:10 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title): PAUL RICHARDSON, M.D.
ADDRESS: VAH, Fort Howard, Md.
DATE SIGNED: 2-22-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 2-26-1953
NAME OF CEMETERY OR CREMATORY: Sacred Heart Cemetery
LOCATION (City, town, or county) (State): German Hill Rd. Balto. Md.
DATE RECD BY LOCAL REGISTRAR:
REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: John Duda Funeral Home
ADDRESS: 2829 Hudson St. Baltimore, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 01201

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
   COUNTY: Baltimore — MARYLAND
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
   LENGTH OF STAY (in this place): 28 days
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: Maryland — COUNTY:
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
   STREET ADDRESS (If rural give location): 430 N. Clinton Street

3. NAME OF DECEASED: (First) THOMAS (Middle) J. (Last) BURNS

4. DATE OF DEATH: (Month) (Day) (Year): February 24 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 6-10-92

9. AGE last birthday: 60 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, (even if retired): Laborer for Balto. City

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Andrew Burns

14. MOTHER'S MAIDEN NAME: Ida Smith (Schmidt)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) BRONCHOGENIC CARCINOMA — Interval Between Onset And Death: UNKNOWN

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE — UNKNOWN

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 27, 1953, to Feb. 24, 1953, and that death occurred at 6:20 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

FRANCIS G. DICKEY, M. D., Chief, Medical Service, VAH, Fort Howard, Md. 2-24-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2/27/53 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: John J. Fahey Funeral Home 1318 Light St. Baltimore, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ingleside Annex — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4609 Annapolis Rd old

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ingleside Annex
STREET ADDRESS 4609 Annapolis Rd (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Geo (Middle) L (Last) Bury
4. DATE OF DEATH: (Month) Jan (Day) 8 (Year) 53

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
M	W	Married	Feb 5 1907	46 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Owner
10b. KIND OF BUSINESS OR INDUSTRY: self
11. BIRTHPLACE (State or foreign country): Balto Md
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Laurence Bury
14. MOTHER'S MAIDEN NAME: Kate Beitenbach

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Mrs Helena L Bury abve

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420
Immediate cause (a) Coronary heart disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Peter K. Kieffer M.D. Asst Med Examiner Baltimore 1010 Leadenhall 1-31-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 2-12-53 | NAME OF CEMETERY OR CREMATORY: Cedar Hill | LOCATION (City, town, or county) (State): Anne Arundel Co Md

DATE REC'D BY LOCAL REG.: Feb 3 53 | REGISTRAR'S SIGNATURE: Peter K. Kieffer | 24. FUNERAL DIRECTOR: Wm J Tuckner Sons Inc | ADDRESS: Baltimore

VS/A 163

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY. WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Baltimore | MARYLAND | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodstock | LENGTH OF STAY (In this place) | HOSPITAL OR INSTITUTION OR STREET ADDRESS: Summit Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland | COUNTY: Baltimore | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodstock | STREET ADDRESS (If rural, give location): Summit Ave.

3. NAME OF DECEASED (Type or Print): (First) SONDRA (Middle) VIRGINIA (Last) BUTLER

4. DATE OF DEATH: (Month) 2-9-53 (Day) (Year) 19

5. SEX: Female | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: 9-2-1952 | 9. AGE last birthday: yrs. | If under 1 year: Months 5, Days 7 | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None | 10b. KIND OF BUSINESS OR INDUSTRY: None | 11. BIRTHPLACE (State or foreign country): Granite Md | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Leroy Butler | 14. MOTHER'S MAIDEN NAME: Delores Bennett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: None | 17. INFORMANT AND ADDRESS: Charles L. Butler, Woodstock, Md.

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Atelectasis

(c) Malnutrition

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

Jay M. Kieffer MD Dear Baltra 1010 Leadenhall 2-9-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 2-11-53 | NAME OF CEMETERY OR CREMATORY: St. Alphonsus | LOCATION (City, town, or county): Woodstock, Md. | (State)

DATE REC'D BY LOCAL REG.: 2-10-53 | REGISTRAR'S SIGNATURE: H.W. Hedrick | 24. FUNERAL DIRECTOR: E.C. Higinbothom, Ellicott City, Md. | ADDRESS

VS. A15A

10922034 03

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Paradise Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Dorch.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dayton Dreand Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH: (Month) (Day) (Year)
(Type or Print) Helen Carpenter	Feb. 22 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS: Hours / Min.
M	W	Married	Jan 20, 1868	85 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farmer	West Indian Islands	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William Carpenter	Elizabeth West

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
NO	None.	Margaret C. Sherrod Paradise Nursing Home

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Rt heart failure	4 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) Bronchopneumonia	24 hrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Hemiplegia; arteriosclerosis, osteoarthritis — Unknown

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 2-21, 1953, to 2-22, 1953, that I last saw the deceased alive on 2-22, 1953, and that death occurred at 3:00 P.M., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Stephen Le Magness	MD	Catonsville 28 Md	2-22-53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-25-53	Dorchester Grace	Baltimore Island Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-22-53	V. E. Harry	Howard A. Sherrod	2503 Edmondson Ave

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Timonium | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Maria Ave. (Rural)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Timonium
STREET ADDRESS (If rural, give location) Maria Ave. (Rural)

3. NAME OF DECEASED (Type or Print): (First) Lee (Middle) A. (Last) Gantz
4. DATE OF DEATH: (Month) Feb. (Day) 18, (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 25, 1884
9. AGE last birthday: 68 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Aaron Gantz
14. MOTHER'S MAIDEN NAME: Sue Fox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs. [illegible] (Wife) - Timonium, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
422.2 Immediate cause	(a) Myocarditis, chronic with cachexia	1947
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Influenza	3 weeks
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arthritis deformans, severe — 10 yrs

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 19[illegible], to Feb 18, 1953, that I last saw the deceased alive on Jan 28, 1953, and that death occurred at 1:15 P. m., from the causes and on the date stated above.

SIGNATURE Rollin G. Hudson (Degree or title) M.D. ADDRESS Towson Md DATE SIGNED 2/20/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 2.24.1953 | NAME OF CEMETERY OR CREMATORY [illegible] | LOCATION (City, town, or county) (State) Timonium, Md.

DATE REC'D BY LOCAL REG. 2/21/53 | REGISTRAR'S SIGNATURE Wm. J. Whitcomb

24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible] Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore County — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural — LENGTH OF STAY (in this place) 7 Mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mercy Villa

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 2019 E. 32nd St.

3. NAME OF DECEASED (Type or Print): (First) Sadie (Middle) Wroten (Last) Carter
4. DATE OF DEATH: (Month) Feb. (Day) 13 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	--------	About 76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: -------
11. BIRTHPLACE (State or foreign country): Dorchester Co., Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: C. Wm. W. Herzog 307 S. Highland Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral vascular accident — 1/2 hr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Hypertensive cardio-vascular-renal dis. — ?
(c) Arteriosclerosis, generalized — ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of left breast — 3 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952, to Feb, 1953, that I last saw the deceased alive on Feb. 7, 1953, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Harry F. Klinefelter, M.D. — 1101 N. Calvert St. Balto 2, Md. — 2/14/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 2/16/53
NAME OF CEMETERY ~~OR CREMATORY~~: Lorraine
LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE REC'D BY LOCAL REG.: FEB 15 1953
REGISTRAR'S SIGNATURE: [illegible]
24. FUNERAL DIRECTOR — ADDRESS: H. W. Mears and Son 805 N. Calvert St.

2-17-53 Mitchell C. Gray - cmc

Item 1 Film 141 2/19/53 whw Item 8: film 31:0 -19-53 L

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 01309 31

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Halbville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore County; STREET ADDRESS (If rural give location) 2304 Rolling Road

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Lee (Last) Chisholm

4. DATE OF DEATH: (Month) Feb. (Day) 2 (Year) 1953

5. SEX: Male | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: Dec. 26, 1875 | 9. AGE last birthday: 77 yrs. | IF UNDER 1 YEAR: Months Days | IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Clerk | 10b. KIND OF BUSINESS OR INDUSTRY: B.&O. Railroad | 11. BIRTHPLACE (State or foreign country): Edgewood, Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Henry Chisholm

14. MOTHER'S MAIDEN NAME: Elizabeth Trust

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY No: 705-05-2985

17. INFORMANT & ADDRESS: Ellen F. Chisholm- 2304 Rolling Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Tubular Heart Disease

DUE TO

Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last. (b) Decompensation

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....1945, to 2/2/, 1953, that I last saw the deceased alive on 2/2/, 1953 and that death occurred at 2 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wm. E. Martin M.D. Randallstown - Md 2/3/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Feb. 4, 53 | NAME OF CEMETERY OR CREMATORY Cokesbury Memorial | LOCATION (City, town, or county) Abingdon, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 2/5/53 | REGISTRAR'S SIGNATURE Wm. E. Martin | 24. FUNERAL DIRECTOR Edsworth Dumasoo ADDRESS 4600 Liberty Hghts. Ave. City 7

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS 415

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4-2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Relay 27, Md.; LENGTH OF STAY (in this place) 5 YEARS; HOSPITAL OR INSTITUTION OR STREET ADDRESS Relay Hill Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY MONTGOMERY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville; STREET ADDRESS (If rural, give location) Route 1

3. NAME OF DECEASED (Type or Print): (First) ELBERT (Middle) T. (Last) CLAGETT

4. DATE OF DEATH: (Month) 2 (Day) 11 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: ?-?-1874

9. AGE last birthday: 79 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER (RETIRED)

10b. KIND OF BUSINESS OR INDUSTRY: Self-employ

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: HENRY M. CLAGETT

14. MOTHER'S MAIDEN NAME: MARY ELIZABETH SHAW

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): UNKNOWN

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Chester Clagett -Same Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

22 2X

Immediate cause (a) Pulmonary Edema — Interval Between Onset and Death: 2 HOURS

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cerebral Thrombosis with — 8 DAYS

(c) right hemiplegia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 27, 1947, to Feb 11, 1953, that I last saw the deceased alive on Feb 11, 1953, and that death occurred at 1:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Louis P. Gundry M.D. ADDRESS: Relay 27, Md. DATE SIGNED: Feb 11, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 2/14/53 | NAME OF CEMETERY OR CREMATORY: St. Mary's | LOCATION (City, town, or county) (State): Rockville Maryland

DATE REC'D BY LOCAL REG.: 2/13/53 | REGISTRAR'S SIGNATURE: Elsie Kieffer | 24. FUNERAL DIRECTOR: Roberts A. Pumphrey | ADDRESS: Bethesda, Md.

FEB
U V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01302

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 50yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 605 Alvin Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
STREET ADDRESS (If rural, give location): 605 Alvin Avenue

3. NAME OF DECEASED (Type or Print): (First) HOWARD (Middle) BERTRAM (Last) CLARK

4. DATE OF DEATH: (Month) (Day) (Year): Feb. 18th, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 9/4/1889

9. AGE last birthday: 63 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Paperhanger

10b. KIND OF BUSINESS OR INDUSTRY: His own business

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Henry Clark

14. MOTHER'S MAIDEN NAME: Emma Specht

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war, or dates of service): Enlistment Oct.3, 1909-Oct.3, 1912

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Margaret Payne 605 Alvin Ave. Catons. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Cardio-Vascular Disease — Interval Between Onset and Death: 8 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchiectasis — 15 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED Whilo at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-24, 1944, to 2-18, 1953 that I last saw the deceased alive on 2-17, 1953 and that death occurred at 1 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): George E. Bunting M.D. — ADDRESS: Ellicott City, Md. — DATE SIGNED: 2-20-53

23. BURIAL, CREMATION, REMOVAL, (Specify): Burial — DATE THEREOF: 2/24/53 — NAME OF CEMETERY OR CREMATORY: Baltimore Nat'nl Cemetery — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 2/20/53 — REGISTRAR'S SIGNATURE: V. E. Harris — 24. FUNERAL DIRECTOR: Easton Sons — ADDRESS: Catonsville, Md.

VS: A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 1302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A11A

1. PLACE OF DEATH — COUNTY: Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodlawn — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2205 Southland Rd

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodlawn
STREET ADDRESS (If rural, give location): 2205 Southland Rd

3. NAME OF DECEASED (Type or Print): (First) Thelma (Middle) H (Last) Clarke

4. DATE OF DEATH: (Month) Feb (Day) 16 (Year) 19 53

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan 25 1897

9. AGE last birthday: 56 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Indiana

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Rudolph J Hiser

14. MOTHER'S MAIDEN NAME: Sarah A Owens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Thelma H Clarke 2205 Southland Rd

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronary heart disease	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at work ☐ Not while at work ☐:
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Clay McKieffer M.D. — ADDRESS: Main Balto 1010 Landsdowne — DATE SIGNED: Feb 18 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2-21-53 — NAME OF CEMETERY OR CREMATORY: Woodlawn Cem — LOCATION (City, town, or county) (State): Woodlawn Md

DATE REC'D BY LOCAL REG.: 2/20/53 — REGISTRAR'S SIGNATURE: A.M. Hedrick — 24. FUNERAL DIRECTOR: Jos J Tickner Son — ADDRESS: Balto Md

G 21

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 30 1

CERTIFICATE OF DEATH

Reg. Dist. No. 30

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Catonsville
LENGTH OF STAY (in this place) 3 mon.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove St. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince Geo. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Suitland
STREET ADDRESS (If rural, give location) 4332 Spring St. ✓

3. NAME OF DECEASED: (Type or Print) (First) Herbert (Middle) H. (Last) Clements

4. DATE OF DEATH: (Month) 2 (Day) 23 (Year) 19 53

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 6/5/1883

9. AGE last birthday: 69 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer in Cemetery

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Cliff Clements

14. MOTHER'S MAIDEN NAME: Alice

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

4 or 5

Immediate cause (a) Arteriosclerotic Cardio-vascular Dis.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/6/53, 1953, to 2/23/53, 1953, that I last saw the deceased alive on 2/23/53, 19 53, and that death occurred at 9:35 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Herbert D. Lutterloh M.D. Spring Grove St. Hosp. 2/23/53

23. BURIAL, CREMATION REMOVAL (Specify): Removal

DATE THEREOF 2/24/53

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State) to Washington D.C.

DATE REC'D BY LOCAL REG. 2/24/53

REGISTRAR'S SIGNATURE V E Harris

24. FUNERAL DIRECTOR S.H.W. Chambers Co. ADDRESS 517-11th St. S.E. Wash. D.C.

FILED
FEB 25
U.S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the ~~dates~~ of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (In this place) 2 9 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1113 W. 32nd St.

3. NAME OF DECEASED (Type or Print): (First) May (Middle) G. (Last) Coburn
4. DATE OF DEATH: (Month) Feb (Day) 5 (Year) 1953
5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): wid.
8. DATE OF BIRTH: 9-9-66
9. AGE last birthday: 86 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY: U.S.
13. FATHER'S NAME: George Pfeiffer
14. MOTHER'S MAIDEN NAME: Amanda Williams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Friends Spring Grove State Hosp Catonsville 28 Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arterio sclerotic Cardio Vascular disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) & hypertrophy

(c) Fractured right hip

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY hospital | (CITY OR TOWN) Catonsville | (COUNTY) Baltimore | (STATE) Md

TIME OF INJURY (Month) Jan (Day) 21 (Year) 53 (Hour) 1:30 p.m. | INJURY OCCURRED While at work ☐ Not while at work ☑ | HOW DID INJURY OCCUR? Patient sitting on chair slipped and fell on floor.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, ~~suicide~~ ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Thos M Kieffer MD Resident Baltimore 1010 Linden Ave Feb 5 53

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF 2-7-53 | NAME OF CEMETERY OR CREMATORY St. Mary's (Harpden) | LOCATION (City, town, or county) (State) Baltimore Maryland

DATE REC'D BY LOCAL REG. 2/6/53 | REGISTRAR'S SIGNATURE A W Hedrick | 24. FUNERAL DIRECTOR Lurgio Funeral home | ADDRESS 3031 E 11th St Rd Balto Md

By: Frank Lurgio Jr.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]3106

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie Harundale
STREET ADDRESS (If rural, give location) 1908 Norman Road

3. NAME OF DECEASED: (Type or Print) (First) Clifton (Middle) (Last) Cole

4. DATE OF DEATH (Month) February (Day) 10, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10-2-1879

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Owner of farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Monroe Craven/Cole

14. MOTHER'S MAIDEN NAME: Eleanor Foster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 219-22-2037

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital Catonsville 28, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 422.1

		Interval Between Onset and Death
Immediate cause	(a) Decubital and bronchopneumonia	4 days
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerotic cardio-valvular disease	?
DUE TO		
	(c) Generalized arteriosclerosis	?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work [ ] Not while at work [ ]

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-2-, 1953, to 2-10-, 1953, that I last saw the deceased alive on 2-10-, 1953, and that death occurred at 6:40 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED 2-10-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 2/12/53

NAME OF CEMETERY OR CREMATORY Mt. Carmel Meth. Cem.

LOCATION (City, town, or county) (State) Balto. Co., Md.

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS Wm. J. Tyckner & Sons Balto 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 | 1307

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 1 mo. 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): Park Hill Nursing Home-Eutaw Pl.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) B. (Last) Coleman

4. DATE OF DEATH: (Month) February (Day) 17, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1869, Feb. 25

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Made Neckties

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Coleman

14. MOTHER'S MAIDEN NAME: Rosabella Cooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.0
Immediate cause (a) Cardiac failure — Interval Between Onset and Death: 5 hrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Arteriosclerotic heart disease — Yrs.

DUE TO

(c) Generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senile arteriosclerotic nephrosclerosis — Yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-20-, 1952, to 2-17-, 1953, that I last saw the deceased alive on 2-17-, 19 53, and that death occurred at 4:40 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Ethel B. Kenmann-Brown MD — Spring Grove State Hospital Catonsville 28

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 2/21/53
NAME OF CEMETERY OR CREMATORY: Green Mount
LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG. 2/19/53
REGISTRAR'S SIGNATURE: A W Hedrick
24. FUNERAL DIRECTOR: Wm Cook Inc. ADDRESS: 217 St. Paul St.

8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN English Consul
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4200 Hickory Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN English Consul
STREET ADDRESS (If rural, give location) 4200 Hickory Ave.

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) (Last) Colloway

4. DATE OF DEATH: (Month) Feb (Day) 6 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: 8/22/1883

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintenance Man

10b. KIND OF BUSINESS OR INDUSTRY: Stollworth Candy Co.

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Colloway

14. MOTHER'S MAIDEN NAME: Anna Peters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: 4200 Hickory Ave. Amelia Wingate English Consul

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

231 X

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset and Death: 1 week

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) General and arterio sclerosis — ?

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/2/..., 1952., to 2/6/..., 1953., that I last saw the deceased alive on 2/6/..., 1953., and that death occurred at 6 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Harry Deitel M.D. ADDRESS 1226 Hanover St. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 2/10/53 — NAME OF CEMETERY OR CREMATORY Glen Haven — LOCATION (City, town, or county) (State) A.A. Co. Md.

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS Wm Cook Inc. 127 St. Paul St. Balto. Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Catonsville
LENGTH OF STAY (in this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.
STREET ADDRESS (If rural, give location) 5068 Spring Drive ✓

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) E. (Last) Cook

4. DATE OF DEATH: (Month) Feb (Day) 1 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH: 10-22-1866

9. AGE Last birthday: 86 yrs. IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Shaefer

14. MOTHER'S MAIDEN NAME: ? not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO.: not Known

17. INFORMANT & ADDRESS: Hospital Records - Spring Grove

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

450.0

Immediate cause (a) Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Generalized arteriosclerosis — Uncertain

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis — Uncertain

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 30, 1952, to Feb 1, 1953, that I last saw the deceased alive on Feb 1, 1953, and that death occurred at 9:50 am m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Frederick L. Phillips MD Unknown Chicago, Ill. 2/1/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 2/2/53 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 2-1-53 — REGISTRAR'S SIGNATURE V. E. Harry

24. FUNERAL DIRECTOR — ADDRESS W. W. Chambers C.O. 517-11 St S.E. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 35 (53-111)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A-6 8-51

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Owings Mills, Md.

LENGTH OF STAY (in this place) 3 mos. 25 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood State Training Sch.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Baltimore City

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore

STREET ADDRESS (If rural, give location) 2701 N. Preston St. Baltimore, Md.

3. NAME OF DECEASED: (Type or Print) (First) Russell Lawrence (Middle) Corbett (Last) Jr.

4. DATE OF DEATH: (Month) 2 (Day) 16 (Year) 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	single	7/18/50	2 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Infant		Baltimore, Maryland	

13. FATHER'S NAME: Russell Lawrence Corbett

14. MOTHER'S MAIDEN NAME: Jean Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	none	Hospital Records - Rosewood State Tr. School

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Ulcers of eyes with complicating cavernous sinus Thrombosis	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Oxycephaly pronounced with marked exophthalmus &	since birth
DUE TO		
	(c) dilated cerebral veins (inanition) & Spina bifida	since birth

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/21, 1952, to 2/16, 1953, that I last saw the deceased alive on 2/16/, 1953, and that death occurred at 9 A. m., from the causes and on the date stated above.

SIGNATURE H. B. Bayless (DEGREE OR TITLE) M.D. ADDRESS DATE SIGNED 3/7/53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
3/9/53	Mary Elene - emc	Body turned over to Anatomical Board Univ. Md.

RECEIVED
MAR
BUFFALO N.Y.

COPY SENT

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

0131 Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Timonium | LENGTH OF STAY (In this place) 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crowther Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Timonium
STREET ADDRESS (If rural, give location) Crowther Ave.

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Seth (Last) Corbin

4. DATE OF DEATH: (Month) Feb. (Day) 13 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	White	married	Dec 1877	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Laborer	Balto City Waterdept	Balto Co. Md	U.S.A.

13. FATHER'S NAME: Joseph Corbin
14. MOTHER'S MAIDEN NAME: Amelia Turner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
yes Spanish American	220-03-7258	Mrs Minerva Corbin, Timonium, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
42 1 Immediate cause	(a) Heart disease, coronary occlusion	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	Unknown
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Collins B. Hudson (Degree or title) M.D., D.M.E. ADDRESS Towson Md DATE SIGNED 2/14/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-17-53	Poplar Grove	Cockeysville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
14 Feb 53	Anna Armistead MacRae	E. Scott Brooks	Sparks, Md.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 3-B

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 824 Trafalger Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson; STREET ADDRESS (If rural, give location) 824 Trafalger Road

3. NAME OF DECEASED (Type or Print): (First) ELIZABETH (Middle) FALLON (Last) COYLE

4. DATE OF DEATH: (Month) February (Day) 25 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Mar. 15, 1907

9. AGE last birthday: 45 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Buyer

10b. KIND OF BUSINESS OR INDUSTRY: Dept. Store

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: D. Robert Fallon

14. MOTHER'S MAIDEN NAME: Sarah N. Callaghan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 215-10-9746

17. INFORMANT AND ADDRESS: Mrs. Sarah Fallon-824 Trafalgar Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Gunshot wounds of the head

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

Interval Between Onset and Death:

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home

(CITY OR TOWN) (COUNTY) (STATE) 824 Trafalger Road, Towson, Baltimore County Md.

TIME OF INJURY (Month) Feb. (Day) 25 (Year) 1953 1:00 A.M. p.m.

INJURY OCCURRED While [ ] Not while at work [X]

HOW DID INJURY OCCUR? Shot in head

22. *I certify that I took charge of the remains described above, held an Autopsy [X], Inspection [ ], Inquiry [ ] thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [ ], suicide [ ], homicide [X], undetermined [ ].*

SIGNATURE (Degree or title) William Howett M.D. ADDRESS 700 Fleet Street, Baltimore, Md. DATE SIGNED 2/25/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 2/27/53; NAME OF CEMETERY OR CREMATORY: Green Mount; LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG. 2/26/53; REGISTRAR'S SIGNATURE A.W. Hedrick

24. FUNERAL DIRECTOR: Wm. J. Tschner & Sons; ADDRESS Balto. 17, Md.

Omn

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30 4531?

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place) 1 month 19 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Bel Air
STREET ADDRESS (If rural, give location) R.D. # 2

3. NAME OF DECEASED: (Type or Print) (First) Catherine (Middle) (Last) Crowe

4. DATE OF DEATH: (Month) Feb. (Day) 7 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 4 1919

9. AGE last birthday: 33 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerical

10b. KIND OF BUSINESS OR INDUSTRY: - Shoe factory

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Crowe

14. MOTHER'S MAIDEN NAME: Rose E. Winkoon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

16. SOCIAL SECURITY NO.: (If Yes, give war or dates of service) 217-18-2512

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
456X Immediate cause	(a) Acute cardiac failure	3 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Acute disseminated lupus erythematosis	8 months
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 19 1952, to Feb. 7, 1953, that I last saw the deceased alive on Feb. 6, 1953, and that death occurred at 3 20 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED
John P. Risley MD — Spring Grove State Hospital Catonsville Md. — Feb 7 1953

23. BURIAL, CREMATION REMOVAL (Specify): Buried — DATE THEREOF: Feb. 9, 1953 — NAME OF CEMETERY OR CREMATORY: Mt. Erin — LOCATION (City, town, or county) (State): Havre de Grace, Harford Md

DATE REC'D BY LOCAL REG. 2-10-53 — REGISTRAR'S SIGNATURE: V E. Harry

24. FUNERAL DIRECTOR — ADDRESS: Howard R. McCormick & Son Aberdeen Md

VS. A15 8-51

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Item 7 FilmG151 2/13/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 18

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1" MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY: Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
MARYLAND LENGTH OF STAY (in this place): 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 1225 Key Highway

3. NAME OF DECEASED (Type or Print): (First) ADONIS (Middle) A. (Last) CUTSUBALIS

4. DATE OF DEATH: (Month) February (Day) 4 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3-3-95

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Cook

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Greece

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Egoit

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 028-09-1675

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ASTHMA DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: UNKNOWN

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 27 19 53, to Feb. 4, 1953 XXXXXXXXXXXXXXXXXXXX and that death occurred at 2:00 PM, from the causes and on the date stated above.

XXXXXXXXXXXXXXXXXX (Signature) (Degree or title) WILLIAM B. VANDEGRIFT, M.D. ADDRESS VAH, FORT HOWARD, MARYLAND DATE SIGNED 2-6-53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal DATE THEREOF 2/6/53 NAME OF CEMETERY OR CREMATORY: Mt. Hope Cemetery LOCATION (City, town, or county): Boston, Massachusetts (State)

DATE REC'D BY LOCAL REGISTRAR: Feb. 6-53 REGISTRAR'S SIGNATURE: Lawson L. Parker

24. FUNERAL DIRECTOR: Howard Blight Funeral Home 6009 Harford Rd. Baltimore, Md. Mildred T. Blight

SHIP TO: Arthur C. Hasiotis Funeral Home, 1654 Washington St., Boston, Mass.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0131

CERTIFICATE OF DEATH

Reg. Dist. No. 35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY Baltimore. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton
LENGTH OF STAY (in this place) 74yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Elenor (Middle) J. (Last) Dailey.

4. DATE OF DEATH: (Month) Febr. (Day) 12, (Year) 1953.

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 18, 1878

9. AGE last birthday: 74 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Parkton, Md. R.D.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas R. Downs.

14. MOTHER'S MAIDEN NAME: Susan Shaver.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Grace A. Dailey - Parkton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval between onset and death: 5 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arter is Sclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 19--, to Feb. 12, 1953, that I last saw the deceased alive on Feb. 11, 1953, and that death occurred at 12.35 P. m., from the causes and on the date stated above.

SIGNATURE: E. M. Trance (Degree or title) M.D. ADDRESS: Parkton Md. DATE SIGNED: 2-13

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Febr. 15, 1953 | NAME OF CEMETERY OR CREMATORY: Vernon Cemetery | LOCATION (City, town, or county) (State): WhiteHall, Balto. Co. Md.

DATE REC'D BY LOCAL REG. Feb 14/53 | REGISTRAR'S SIGNATURE: Valeria L Euston | M. FUNERAL DIRECTOR: Jacob Hartenstein | ADDRESS: New Freedom Pa.

RECEIVED
FEB
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01316

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8212 Wilson Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Balto. Md.
STREET ADDRESS (If rural, give location) 8212 Wilson Ave.

3. NAME OF DECEASED (Type or Print): (First) LAUREN (Middle) Rose (Last) DAVIDSON

4. DATE OF DEATH: (Month) 2 (Day) 27 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Baby

8. DATE OF BIRTH: 10-18-52

9. AGE last birthday: yrs. If under 1 year: Months 4 Days 9 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Baby

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Oliver L. Davidson, Jr.

14. MOTHER'S MAIDEN NAME: Rose Beauchamp.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Oliver L. Davidson, Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac Failure	4 days
744.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Amyotonia Conjenita	4 Months
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15, 1953 to Feb 27, 1953 that I last saw the deceased alive on Feb 27, 1953 and that death occurred at 3:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Mary E. Matthews, M.D. | 8106 Harford Rd | Feb 27

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 2-28-53 | NAME OF CEMETERY OR CREMATORY: Parkland Mem Pk | LOCATION (City, town, or county): Balto | (State): Md

DATE REC'D BY LOCAL REG.: February 28-1953 | REGISTRAR'S SIGNATURE: R.W

24. FUNERAL DIRECTOR: J. Heck | ADDRESS: 5305 Harford Rd

2002322405

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH
COUNTY Balto. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY In this place 3 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spilly Conv. Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE W. Va. COUNTY Monongalia
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Morgantown
STREET ADDRESS (If rural, give location) 86 Willey St.

3. NAME OF DECEASED (Type or Print) (First) CATHERINE (Middle) E. (Last) DAVIS

4. DATE OF DEATH (Month) (Day) (Year) 2/7/53 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
F	W	Widow	11/15/	79				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Domestic	Housework	Penna.	U.S.A.

13. FATHER'S NAME GREGG

14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Route #3 Carl F. Davis, Ellicott City

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	Days
+ Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypert Cardio Vascular Renal Disease	Years
	(c) Cardio Vascular Accident	Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec. 57, to Feb 7, 1953, that I last saw the deceased alive on Feb. 6, 1953, and that death occurred at 4:00 m., from the causes and on the date stated above.

SIGNATURE James McLean (Degree or title) MD ADDRESS 6014 Edmondson Ave Catonsville Md DATE SIGNED 2/9/53.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/11/53	Oak Grove	Morgantown W. Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/8/53	V. E. Harris	Mac Mobley & Son, Catonsville Md.	

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01318

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 12 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: House in the Pines

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
STREET ADDRESS (If rural, give location): 2220 Westchester Ave.

3. NAME OF DECEASED (Type or Print): (First) CLAUDIE (Middle) MAY (Last) DAVIS

4. DATE OF DEATH: (Month) Feb. (Day) 5th., (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 10/5/1879

9. AGE last birthday: 73 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Matthew Curran

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Keith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-01-1578 B

17. INFORMANT AND ADDRESS: J. Oscar Davis 2220 Westchester Ave. Catonsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Embolism	1 da.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis	10 yr.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-24, 1940, to 2-5, 1953, that I last saw the deceased alive on 2-4, 1953, and that death occurred at 11.20 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Wilmer K. Gallagher M.D. ADDRESS: Catonsville 28, Md. DATE SIGNED: 2/6/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 2/7/53 | NAME OF CEMETERY OR CREMATORY: Good Shepherd Cemetery | LOCATION (City, town, or county) (State): Ellicott City, Md.

DATE REC'D BY LOCAL REG.: 2/6/53 | REGISTRAR'S SIGNATURE: V E Harry

24. FUNERAL DIRECTOR: Easton & Sons ADDRESS: Catonsville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (In this place) 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 19. Madeline Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) 19. Madeline Ave

3. NAME OF DECEASED (Type or Print): (First) Marguerite (Middle) E. (Last) Davis
4. DATE OF DEATH: (Month) Feb (Day) 15 (Year) 1953
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Marr'd
8. DATE OF BIRTH: July 24. 1908
9. AGE last birthday: 44 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own. Home
11. BIRTHPLACE (State or foreign country): Balto Co Md
12. CITIZEN OF WHAT COUNTRY? U S A.
13. FATHER'S NAME: Lawrence B Weise
14. MOTHER'S MAIDEN NAME: Barbara C Baier
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. — —
17. INFORMANT: Mr. Elmer W Davis. 19. Madeline Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443

Immediate cause (a) Cerebral Hemorrhage — 16 hrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio-Vascular Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1945, to Feb 15, 1953 that I last saw the deceased alive on Feb 15, 1953, and that death occurred at 3:45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

L. G. Stevens M.D. 340 Cathedral Ave Baltimore 13. 2/16/53

23. BURIAL, CREMATION REMOVAL, (Specify): Burial | DATE: 2/18/53 | NAME OF CEMETERY OR CREMATORY: Maryland Memorial Park Cem | LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG.: Feb 17-1953 | REGISTRAR'S SIGNATURE: Mrs. G. L. Rutsander | 24. FUNERAL DIRECTOR: Lassahn Funeral Home | ADDRESS: 7401 Belair Rd

RECEIVED
FEB 21
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 45 — 330

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colgate; LENGTH OF STAY (In this place) 27yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE 7606 Poplar Ave. COUNTY Balto. Co.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colgate; STREET ADDRESS (If rural give location) 7606 Poplar Ave. 24

3. NAME OF DECEASED (Type or Print): (First) Allen (Middle) (Last) Delamater

4. DATE OF DEATH: (Month) Feb (Day) 28 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug. 8. 1864

9. AGE last birthday: 88 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Brass Seperator

10b. KIND OF BUSINESS OR INDUSTRY: Beth Steel Corp.

11. BIRTHPLACE (State or foreign country): N.Y.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Eli ~~Delmat~~**Delamat er

14. MOTHER'S MAIDEN NAME: Amanda --

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) -- (If yes, give war or dates of service) --

16. SOCIAL SECURITY NO.: 214-10-0157

17. INFORMANT: Mr. John Delamater 7606 Poplar Ave. 24

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
427.1 Immediate cause	(a) Coronary occlusion	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteri-sclerotic cardio vascular disease	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible] 3/4/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Mar. 3/53 | NAME OF CEMETERY OR CREMATORY: Parkwood Cem. | LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG. 3/3/53 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR [illegible] ADDRESS 2024 Orleans St. 31

VS-A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02344

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 9 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2413 Washington Blvd

3. NAME OF DECEASED: (First) Louise (Middle) (Last) Diffendall
4. DATE OF DEATH: (Month) Feb (Day) 12 (Year) 19 53

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widow	11/28/67	85 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		Maryland	USA.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
? Damar	Elizabeth ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	None	Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac Failure	Terminal
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Hypertensive Arteriosclerotic Cardio-vascular Disease	9 months
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis — Uncertain

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from May 15, 1952, to Feb 12, 1953, that I last saw the deceased alive on Feb 12, 1953, and that death occurred at 7:30 m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Frederick E Phillips, MD Spring Grove Hosp 2/12/53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-16-53	Western Cem	Edmondson Balto Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
2/13/53		Edward Jonson Balto 30 Md

Over.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

(Reg. Dist. No. 2-1)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5921 Old Frederick Road

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. COUNTY: Baltimore

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville

STREET ADDRESS (If rural, give location): 5921 Old Frederick Road

3. NAME OF DECEASED: (First) Samuel (Middle) (Last) Dorsey

4. DATE OF DEATH: (Month) Feb (Day) 1 (Year) 19 53

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	Colored	Married	Dec. 17, 1885	67 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Porter - Homewood Apts.		Maryland	U. S. A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Perry Dorsey	Sidney Bennett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Lydia Adams 42 Bloomingdale Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

4434

Immediate cause (a) Mitral Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 4 mo - 14 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Hypertensive Cardiac Disease — ?

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/18/ 19 53, to 2/1/53 19....., that I last saw the deceased alive on 2/1/53, 19....., and that death occurred at 6.00 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Ed Maloney MD 57 Winters Lane Suite 28 2/2/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-4-53	Bushey Park Cem.	Cooksville, Howard Co. Md

DATE REC'D BY REG. 2/2/53 — LOCAL REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS

Mortimer A. Hemsley & Biddle

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 19 53

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 28,
STREET ADDRESS (If rural, give location) 19 Winters Avenue

3. NAME OF DECEASED: (Type or Print) (First) Catherine (Middle) (Last) Doyle

4. DATE OF DEATH: (Month) (Day) (Year) February 10, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 2-21-1873?

9. AGE last birthday: 79 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital Catonsville 28, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

422.1

Immediate cause (a) Cardio-respiratory failure — INTERVAL BETWEEN ONSET AND DEATH: 2½ hours

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Arteriosclerotic cardio-valvular disease — ?

DUE TO

(c) Generalized arteriosclerosis — ?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-29-, 1953., to 2-10-, 1953., that I last saw the deceased alive on 2-10-, 1953., and that death occurred at 10:55 a.m., from the causes and on the date stated above.

SIGNATURE Ethel B. Herrmann-Greene M.D. **(DEGREE OR TITLE)** **ADDRESS** Spring Grove State Hospital Catonsville 28, Maryland **DATE SIGNED** 2-10-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — **DATE THEREOF** 2-13-53 — **NAME OF CEMETERY OR CREMATORY** Cathedral — **LOCATION (City, town, or county) (State)** Baltimore, Md.

DATE REC'D BY LOCAL REG. 2-12-53 — **REGISTRAR'S SIGNATURE** V. E. Harry

24. FUNERAL DIRECTOR MacNabb & Son — **ADDRESS** Catonsville

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0132.3

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk; STREET ADDRESS (If rural, give location) 6928 Sollers Point Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ROSE	BARBARA	DUERBECK	Feb.	8,	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	Apr. 29, 1890	62 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Work	At Home.	Baltimore, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frederick Kegel	Barbara Hoerner.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	None	John H. Duerbeck 6928 Sollers Pt. Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a).....	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b).....	
(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from....., 19....., to ..... 8....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 4:45 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-11-53	Sacred HEART CEM.	5401 GERMAN HILL RD. MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
		Charles S. Feiler. 901 S. CONKLING ST. BALTO., 24, MD.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01324

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upperco — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
STREET ADDRESS (If rural, give location) Hanover Rd - Arcadia

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Irving (Last) Elliott
4. DATE OF DEATH: (Month) Feb. (Day) 26 (Year) 1953
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: May 21 - 1891
9. AGE last birthday: 71 yrs. — If under 1 year: Months 9 — Days 4 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accountant
10b. KIND OF BUSINESS OR INDUSTRY: Glenn L. Martin
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm. Edgar Elliott Sr.
14. MOTHER'S MAIDEN NAME: Sarah Cordelia Fleischer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: James E. Elliott (son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic Myocarditis (Myocardial Athero	5 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Asthma	15 yrs
	(c) Chronic nephritis	5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 5, 1953, to Feb 25, 1953, that I last saw the deceased alive on Feb 26, 1953, and that death occurred at 1 No P m., from the causes and on the date stated above.

SIGNATURE: Basil E Foorte (Degree or title) ADDRESS: Upperco, Md DATE SIGNED: Feb 28 - 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 3/3/53
NAME OF CEMETERY OR CREMATORY: Woodlawn Cem.
LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE REC'D BY LOCAL REG.: 3/2/53
REGISTRAR'S SIGNATURE: A W Branch
24. FUNERAL DIRECTOR: Wm. J. Pickenpaugh Sons — ADDRESS: Balto 17, Md.

Items 13,14 Film G151 2/13/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01325

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

1. PLACE OF DEATH — COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 27 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 48 N. Prospect ave.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
STREET ADDRESS (If rural, give location): 48 N. Prospect ave.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) T. (Last) Emmart

4. DATE OF DEATH: (Month) 2 (Day) 5 (Year) 19. 3

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11-4-18y6

9. AGE last birthday: 5C yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Superintendent Plant

10b. KIND OF BUSINESS OR INDUSTRY: Koppers Co.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William T. Emmart

14. MOTHER'S MAIDEN NAME: Martha ? Emmart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Amey Emmart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval between onset and death: 1 dy.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Sclerosis — 2 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-14, 1947, to 2-5, 1953, that I last saw the deceased alive on 2-5, 1953, and that death occurred at 11.20 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Milonas K. Gallagher M.D. Catonsville-28, Md. 2-7-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 2-9-53

NAME OF CEMETERY OR CREMATORY: Loudon Park

LOCATION (City, town, or county) (State): Baltimore Maryland

DATE REC'D BY LOCAL REG. 2/8/53

REGISTRAR'S SIGNATURE: W. E. Harry

24. FUNERAL DIRECTOR: MacNabb & Son — ADDRESS: Catonsville

707

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 35

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: White Hall R.D. — LENGTH OF STAY (in this place): 73 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Balt.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: White Hall-Rd (West Liberty)
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) A. (Last) Ensor
4. DATE OF DEATH: (Month) Feb. (Day) 9 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Sept. 16, 1879
9. AGE last birthday: 73 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer Owner
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Baltimore Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Noah A. Ensor
14. MOTHER'S MAIDEN NAME: Annie Fouts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Luke Ensor. White Hall, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Burned in death.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: home — (CITY OR TOWN): White Hall — (COUNTY): Balto — (STATE): Md.
TIME (Month) (Day) (Year) (Hour) OF INJURY: Feb. 9 1953 10 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Clothes caught in fire

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: C. M. Fraser — (Degree or title): M.D. — ADDRESS: Westminster — DATE SIGNED: 2/10/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2/14/53 — NAME OF CEMETERY OR CREMATORY: West Liberty — LOCATION (City, town, or county): White Hall R.D. — (State): Md.

DATE REC'D BY LOCAL REG.: 2/9/53 — REGISTRAR'S SIGNATURE: Lorraine L. Fulton

24. FUNERAL DIRECTOR: Jacob Markenstein — ADDRESS: New Freedom, Pa.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1327 31

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Towson
LENGTH OF STAY (in this place) 75 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Towson Rosedale Home 24

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 605 Bosley Ave

3. NAME OF DECEASED: (Type or Print) (First) Hannah (Middle) Feast (Last)

4. DATE OF DEATH: (Month) Feb (Day) 18 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Oct 9-1860

9. AGE last birthday: 92 yrs.
IF UNDER 1 YEAR: Months — Days —
IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher (retired)

10b. KIND OF BUSINESS OR INDUSTRY: Teacher

11. BIRTHPLACE (State or foreign country): Balto Co.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Samuel Feast

14. MOTHER'S MAIDEN NAME: Sarah Kelly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No

(If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: No

17. INFORMANT & ADDRESS: C Ross Nelson - Phila Pa

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Heart failure — Interval between onset and death: 2 weeks

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Arteriosclerotic heart disease — years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia — 2 weeks

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/18....., 1951, to 2/17....., 1953, that I last saw the deceased alive on 2/17....., 1953, and that death occurred at 12:06 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Donald L. Somerville M.D. Towson 4 Md 2/19/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF Feb 20/53 — NAME OF CEMETERY OR CREMATORY Green Mount — LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. 2/20/53 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS Stewart Mortuary Balto Md.

VS. A13 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH
COUNTY: BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ARBUTUS.
LENGTH OF STAY (In this place): 6 MO.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5501 COUNCIL ST.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ARBUTUS.
STREET ADDRESS (If rural, give location): 5501 COUNCIL ST.

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) MARGARET (Last) FERNSNER.

4. DATE OF DEATH: (Month) FEB. (Day) 14, (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED.

8. DATE OF BIRTH: SEPT. 4 1897

9. AGE last birthday: 55 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWORK

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): MARYLAND.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: WILLIAM ROUZER.

14. MOTHER'S MAIDEN NAME: NELLIE NIEPER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: PAUL FERNSNER

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

See X

Immediate cause (a) Neuromyelitis Optica — Interval Between Onset and Death: 2 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: June 14 1951

19b. MAJOR FINDINGS OF OPERATION: Negative for Brain Tumor.

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dept, 1952, to Feb 14, 1953, that I last saw the deceased alive on Feb 8, 1953, and that death occurred at 2:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

/ Bradley Dansharlie MD 1264 Francis Ave Baltimore Md 2-15-53

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE THEREOF: Feb 19, 1953 — NAME OF CEMETERY OR CREMATORY: ST. PAUL CEMETERY — LOCATION (City, town, or county) (State): ST. PAUL, Washington, MARYLAND

DATE REC'D BY LOCAL REG. 2/16/53 — REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR: Joseph F. Monroe Jr. — ADDRESS: 1024 Hollins St. Balto. Md.

JF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 329

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cockeysville Md
LENGTH OF STAY (in this place) 4yrs 9 m.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Masonic Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Md
STREET ADDRESS (If rural, give location) 10 S. Washington St

3. NAME OF DECEASED: (Type or Print) (First) Mrs Cinda (Middle) Robinson (Last) Fields

4. DATE OF DEATH: (Month) Feb. (Day) 23 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Jan. 19th, 1865

9. AGE last birthday: 88 yrs.

IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Talbot County

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Noble L. Robinson

14. MOTHER'S MAIDEN NAME: Julia Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Laura M. Schroeder

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 19 48, to Feb. 23 19 53, that I last saw the deceased alive on Feb. 23, 19 53 and that death occurred at 6 P. m., from the causes and on the date stated above.

SIGNATURE Walter T. Cole (DEGREE OR TITLE) M.D. ADDRESS Cockeysville Md. DATE SIGNED 2/23/53

23. ~~BURIAL, CREMATION~~ REMOVAL (Specify): DATE THEREOF Feb 25, 53 NAME OF CEMETERY OR CREMATORY Spring Hill Cemetery LOCATION (City, town, or county) (State) Easton Md

DATE REC'D BY LOCAL REG. 2/23/53

REGISTRAR'S SIGNATURE Laura M. Schroeder

24. FUNERAL DIRECTOR Wm. Cook, ADDRESS St. Paul & Preston St

VS-A5 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

COPY SENT TO

FEB 25 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01330

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glyndon Cal Ruberville 18 yrs | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Augsburg Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glyndon Cal
STREET ADDRESS (If rural, give location) 6811 Campfield Rd

3. NAME OF DECEASED (Type or Print): (First) CATHERINE (Middle) ANNA (Last) C FISHER
4. DATE OF DEATH: (Month) Feb (Day) 1 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED
8. DATE OF BIRTH: 12/1/1868
9. AGE last birthday: 84 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): YORK PA
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: FREDERICK FISCHER
14. MOTHER'S MAIDEN NAME: MARG. L. Stegemiller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Records Augsburg Home 6811 Campfield Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) carcinoma of colon - 2 yrs

153X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease 5 yrs.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1945, to Feb 1, 1953, that I last saw the deceased alive on Jan 30, 1953, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Paul L. Chambers M.D. 4108 Liberty Hts. Balto 7 Md 2/2/53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 1/4/53 NAME OF CEMETERY OR CREMATORY Harper Hill LOCATION (City, town, or county) (State) York Pa.

DATE REC'D BY LOCAL REG. 2-3-53 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS
Paul A. Heemann 6067 Harford Rd

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Spring Grove St. Hosp.
LENGTH OF STAY (in this place) 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove, Catonsville,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park ✓
STREET ADDRESS (If rural, give location) 7311 Willow Ave, Takoma Park

3. NAME OF DECEASED: (Type or Print) (First) ANSCHLE (Middle) D. (Last) Fischle — Grace D. Fischle

4. DATE OF DEATH: (Month) 2 (Day) 15 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W.

8. DATE OF BIRTH: JUNE 21, 1871

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): PHILA. PENNA.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: UNKNOWN DIEBOLD

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: MRS WILHELMINA BENMONT 7216 N. 21 ST. PHILA. PA.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cardiac failure — Interval between onset and death: 1 day

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) generalized severe arteriosclerosis — unknown

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 2 19 53, to Feb 15 19 53, that I last saw the deceased alive on Feb 15 19 53, and that death occurred at 8:05 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Gertrude J. Fleischman M.D. ADDRESS Physician in Psychiatry DATE SIGNED 2-15-53

23. BURIAL, CREMATION / REMOVAL (Specify): REMOVAL

DATE THEREOF FEB. 15 1953

NAME OF CEMETERY OR CREMATORY NORTHWOOD

LOCATION (City, town, or county) (State) PHILA. PENNA.

DATE REC'D BY LOCAL REG. 2/15/53

REGISTRAR'S SIGNATURE T. E. Harvey

24. FUNERAL DIRECTOR William Cook & Son ADDRESS 1217 ST. PAUL ST.

FEB 18 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Balto. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
LENGTH OF STAY (In this place) 14 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 307 Poplar Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) N. M. N. (Last) Fitz
4. DATE OF DEATH: (Month) Feby (Day) 8 (Year) 53

5. SEX: Female. 6. COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married. 8. DATE OF BIRTH: Mar 14 1887 9. AGE last birthday: 65 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife. 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country): Checo-Slovacia 12. CITIZEN OF WHAT COUNTRY? Checo-Slovacia

13. FATHER'S NAME: (Charles) Karl Mraz. 14. MOTHER'S MAIDEN NAME: Mary Palak.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS: John Fitz (husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — Minutes.

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio Vascular Heart disease — ?

(c) Hemiplegia 5 yrs ago

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) 2-8-53 5:15 p.m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR? Fall

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J. McCormic M.D. Deputy Medical Examiner Balto. Co. Dundalk 2+ Md 2/15-53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 2/12/53 | NAME OF CEMETERY OR CREMATORY Holy Redeemer | LOCATION (City, or county) (State) Belair Rd. Md.

DATE REC'D BY LOCAL REG. 2/11/53 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR Comm. Tommy | ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills; LENGTH OF STAY (In this place) 12 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood State Training School

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 13
STREET ADDRESS (If rural, give location) 4601 Benton Heights Ave.

3. NAME OF DECEASED (Type or Print): (First) Alfred; (Middle) G.ustav; (Last) Franke
4. DATE OF DEATH: (Month) Feb.; (Day) 16; (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Sept. 1, 1887
9. AGE last birthday: 65 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician
10b. KIND OF BUSINESS OR INDUSTRY: Elect. Contractor
11. BIRTHPLACE (State or foreign country): Saxony, Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: Alfred Franks
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 215-10-7541
17. INFORMANT AND ADDRESS: Mrs. Dorothy Franke, 4601 Benton Hts. Ave., Baltimore, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.2
Immediate cause (a) Angina Pectoris — Interval Between Onset and Death: 4 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Pulmonary Tuberculosis — 10 yrs.
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. none
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY not an injury; (CITY OR TOWN) Owings Mills; (COUNTY) Balto.; (STATE) Md.
TIME (Month) (Day) (Year) (Hour) OF INJURY not an injury m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? not an injury

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: D. D. Caples (Degree or title) Deputy Med. Exam. M.D.
ADDRESS: Reisterstown, Md.
DATE SIGNED: Feb. 15, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 2/19/53
NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 2-20-53
REGISTRAR'S SIGNATURE
FUNERAL DIRECTOR: Wm. J. Tickner & Sons
ADDRESS: Balto 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 0331

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH: COUNTY Balto — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex — MARYLAND — LENGTH OF STAY (in this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex — STREET ADDRESS (If rural give location) 137 Eastern Blvd.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Theresa		Frei	2	1	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Married	Aug 26 - 1889	63 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired:	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryland	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Herman Garmatz	Mary Doring

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No		None	Henry Frei 137 Eastern Blvd.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death: 6 mo.

200.1

Immediate cause (a) ..... Lymphosarcoma

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) .....

DUE TO (c)

11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Aug. 1952	Biopsy: Lymphosarcoma	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. ,1952, to Feb 1, 1953, that I last saw the deceased alive on Jan 30, 1953, and that death occurred at 5:15 P.M. from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Edgar Zink M.D.		423 Eastern Ave Balto 21	2/4/53

23. BURIAL, CREMATION, REMOVAL, (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-4-53	Parkwood Cemetery	Balto Co Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/3/53	A. K. Aldrich M.H.	J. J. Brzozowski	1407 Eastern Ave

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 23-58

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY of Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eudowood Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY Balto Cty

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:

STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED: (First) Nancy (Middle) Lee (Last) Furman

4. DATE OF DEATH: (Month) February (Day) 13 (Year) 1953

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Infant

8. DATE OF BIRTH: Apr. 26, 1951

9. AGE last birthday: 1 yrs. IF UNDER 1 YEAR: Months 9 Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George L. Furman

14. MOTHER'S MAIDEN NAME: Evelyn Tormollan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Personal History

Hospital Records - Eudowood Sanatorium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Tuberculous Meningitis	Dec. 17, 1952
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)		
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 7, 1952, to Feb 13 1953, that I last saw the deceased alive on Feb 13, 1953, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE: A. M. Finkelstein (DEGREE OR TITLE) M.D. ADDRESS: Eudowood Sanatorium-Towson 4, Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 2-16-53

NAME OF CEMETERY OR CREMATORY: Holy Cross Cem.

LOCATION (City, town, or county) Brooklyn Md. (State)

DATE REC'D BY LOCAL REG. 2/16/53

REGISTRAR'S SIGNATURE: J. W. Hinds

24. FUNERAL DIRECTOR Charles F. Dill ADDRESS 1501 E. Fort ave.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01336

Reg. Dist. No. 4-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Box 266, North Point Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk; STREET ADDRESS (If rural, give location) Box 266 North Point Road

3. NAME OF DECEASED (Type or Print): (First) EMMA (Middle) V. (Last) GEARHART

4. DATE OF DEATH: (Month) Feb. (Day) 15, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 5, 1879

9. AGE last birthday: 74 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ? Smith

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.

16. SOCIAL SECURITY NO.

17. INFORMANT: Howard A. Gearhart Box 266 North Point Road.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Congestive Cardiac Failure

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchial Asthma

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 31, 1953, to Feb. 15, 1953, that I last saw the deceased alive on Feb. 14, 1953, and that death occurred at 10:45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Andrew Kuntkowski M.D. 257 S Eastern Ave.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: Feb.18, 1953

NAME OF CEMETERY OR CREMATORY: Oak Lawn

LOCATION (City, town, or county) (State): Colgate, Md.

DATE REC'D BY LOCAL REG.: 2/19/53

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: Ullrich Funeral Home 2112 Dundalk Ave.

VS/A15

Items 8,9, & 17. See Film C151 5/6/-3 jt.
13 & 14

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 9 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 2200 Old Fredericks Road

3. NAME OF DECEASED: (Type or Print) (First) Willard (Middle) Lester (Last) Gillette

4. DATE OF DEATH: (Month) Feb (Day) 6 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: July 27, 1874

9. AGE Last birthday: 78 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Moulder

10b. KIND OF BUSINESS OR INDUSTRY: American Locomotive

11. BIRTHPLACE (State or foreign country): Clyde N. Y.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Martin Gillette

14. MOTHER'S MAIDEN NAME: Catherine Hoffman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: 069-10-4808

17. INFORMANT & ADDRESS: Christine C. Gillette 2200 Old Frederick Road-28

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) CEREBRAL APOPLEXY.	1 week
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO ARTERIAL HYPERTENSION AND	
	(c) DUE TO ARTERIO-SCLEROSIS.	1-2 yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. 0

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) 0 — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. 0 — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 24, 1953, to Feb 7, 1953, that I last saw the deceased alive on Feb 5, 1953, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) A. Hoyt Johnson, M.D. — ADDRESS Catonsville Md — DATE SIGNED 2/9/53

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation — DATE THEREOF Feb 9, 1953 — NAME OF CEMETERY OR CREMATORY Loudon Park — LOCATION (City, town, or county) Balto (State) Md

DATE REC'D BY LOCAL REG. February 7-1953 — REGISTRAR'S SIGNATURE R.W.

24. FUNERAL DIRECTOR John A. Feifel — ADDRESS 5311 Edmondson Ave.

Parents Residence 1308 Lakeside Ave

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

(PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.)

1. PLACE OF DEATH: COUNTY Balto — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale; LENGTH OF STAY (In this place) Lifetime; HOSPITAL OR INSTITUTION OR STREET ADDRESS Linthicum Heights	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY [illegible]; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale; STREET ADDRESS (If rural, give location) 6811 Camfield Rd

3. NAME OF DECEASED (Type or Print)	(First) August	(Middle) Frank	(Last) Goetz	4. DATE OF DEATH (Month)	(Day) 20	(Year) 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
M	W	Widower	Aug 1 1868	84 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Farmer	Farm	Germany	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
August	Ellen Sudmeier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
	None	Records Linthicum Heights

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) (1) - Arterio - Sclerotic Heart Disease	2 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) 4 Influenza	10 days.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arterio - Sclerosis — 2 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS		DATE SIGNED
Paul L. Chambers	M.D.	4108 Liberty Hts	Baltimore 7 - Md	

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/23/53	Bells Cross	Bells Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
		Paul A Neumann	6067 Hayfield Rd

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 10 mos. 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 811 Sulphur Spring Road

3. NAME OF DECEASED: (Type or Print) (First) Glen (Middle) (Last) otschall

4. DATE OF DEATH: (Month) February (Day) 18, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1-4-1888

9. AGE last birthday: 64 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steel Mill Worker

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Indiana

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joshua Gotschall

14. MOTHER'S MAIDEN NAME: Margaret Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): Unknown

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
422.1 Immediate cause	(a)	Acute heart failure	6 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Chronic myocarditis	?
	DUE TO (c)	Generalized arteriosclerosis	?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) M.:

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-3-53, to 2-18-53, that I last saw the deceased alive on 2-18-53, and that death occurred at 8:35 p.m., from the causes and on the date stated above.

SIGNATURE Dr Gertrude J. Fleischman (DEGREE OR TITLE) ADDRESS Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED 2-19-53

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF: 2/21/53
NAME OF CEMETERY OR CREMATORY: ANGEL HILL
LOCATION (City, town, or county) (State): HAVRE DE GRACE, MD.

DATE REC'D BY LOCAL REG.: 2/21/53
REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: JOHN F. DENNY, INC.
ADDRESS: 715 LIGHT ST.

-30

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson; MARYLAND; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Co. Gen. Mercy Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson, Md. R.F.D. #1; STREET ADDRESS (If rural, give location) Fairview

3. NAME OF DECEASED (Type or Print): (First) Carlton (Middle) Lee (Last) Simon

4. DATE OF DEATH: (Month) Feb. (Day) 19 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 8, 1881

9. AGE last birthday: 71 yrs.; If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Stock Raising

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Levi Simon

14. MOTHER'S MAIDEN NAME: Lucy Ann Simon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Bruce Simon, Towson, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 4 Hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiac Renal — (c) Vascular Disease — 9 Yrs.

442 X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 19 53, to Feb 19, 1953, that I last saw the deceased alive on Feb 18, 1953, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. C. Nadler, M.D. Towson, Md. Feb 20 1953

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF Feb. 22, 1953 NAME OF CEMETERY OR CREMATORY Pleasant Hill Cemetery LOCATION (City, town, or county) (State) Towson, Md.

DATE REC'D BY LOCAL REG. Feb. 23, 1953 REGISTRAR'S SIGNATURE Marie E. Riley

24. FUNERAL DIRECTOR ADDRESS Jos. Ward & Son, Towson, Md.

FEB

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0134

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A16

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mount Wilson
LENGTH OF STAY (in this place) 4 yrs. 3 mos. 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Wilson State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2041 E. Fairmount Avenue ✓

3. NAME OF DECEASED (Type or Print): (First) Alphonse (Middle) Joseph (Last) Gregory

4. DATE OF DEATH: (Month) Feb. (Day) 19 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 9, 1881

9. AGE last birthday: 72 yrs. If under 1 year: Months / Days: 00 If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steam Fitter

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Gregory

14. MOTHER'S MAIDEN NAME: Dora Pea

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 212-07-4699

17. INFORMANT AND ADDRESS: Alphonse Joseph Gregory

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary tuberculosis; far advanced — Interval between onset and death: Approx. 7 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 12, 1948, to Feb. 19, 1953, that I last saw the deceased alive on Feb. 19, 1953, and that death occurred at 3:40 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) William Newman ADDRESS Mt Wilson Md DATE SIGNED Feb 20 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Feb. 23, 1953
NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery
LOCATION (City, town, or county) (State): Belair Rd., Balto., Md.

DATE REC'D BY LOCAL REG. Feb. 19, 1953
REGISTRAR'S SIGNATURE Gertrude M. Kerr

24. FUNERAL DIRECTOR: Lilly & Zeiler — ADDRESS: 1901 Eastern Ave., Balto., Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01342

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 728 E. St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point
STREET ADDRESS (If rural, give location) 728 E. St.

3. NAME OF DECEASED (Type or Print): (First) MARYETTA (Middle) WARNER (Last) GRIM
4. DATE OF DEATH (Month) (Day) (Year) Feb. 14, 1953 19

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: Oct. 15, 1888
9. AGE last birthday: 64 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George F. Warner
14. MOTHER'S MAIDEN NAME: Mary C. Mathais

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT: William H. Grim 728 E. St-19

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary Insufficiency — 1 hr

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive C. V. Disease — 8 yrs

(c) Cerebral Hemorrhage & Hemiplegia — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug ....., 19 53, to Feb 14, 19 53, that I last saw the deceased alive on Feb 14, 19 53, and that death occurred at 11:10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James J. Means M D 528 DSP. 2/17/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: Feb. 18, 1953
NAME OF CEMETERY OR CREMATORY: Parkwood
LOCATION (City, town, or county) (State): Parkville, Md.

DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ADDRESS: Ullrich Funeral Home 2112 Dundalk Ave.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-AIDA 7

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place) 34 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) Spring Grove State Hosp

3. NAME OF DECEASED (Type or Print): (First) Howard (Middle) Davis (Last)

4. DATE OF DEATH: (Month) (Day) (Year) 19 53

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: ?

9. AGE last birthday: 84 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer Owner Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jfou? Hale

14. MOTHER'S MAIDEN NAME: not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Reed Spring [illegible]

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

902.7 Immediate cause (a) Acute cardiac failure

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Hypertension

(c) Fracture left femur

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Institution | (CITY OR TOWN) Catonsville | (COUNTY) Balto | (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 30 53 m. | INJURY OCCURRED While at work ☐ Not while at work ☑ | HOW DID INJURY OCCUR? Fall out of bed (Institution)

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

[illegible] Suspected 1010 Linda Ln 2-11-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Feb 14, 1953 | NAME OF CEMETERY OR CREMATORY Cedar Hill | LOCATION (City, town, or county) Anne Arundel | (State) Md

DATE REC'D BY LOCAL REG. 2-18-53 | REGISTRAR'S SIGNATURE V E Harris

24. FUNERAL DIRECTOR — ADDRESS

Jos C. Mattingley Leonardtown Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. [redacted]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-115 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Lutherville — LENGTH OF STAY (in this place) 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) A. (Last) Hartley

4. DATE OF DEATH: (Month) Feb (Day) 4 (Year) 19 53

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid.

8. DATE OF BIRTH: June 4 1884

9. AGE last birthday: 68 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): machinist

10b. KIND OF BUSINESS OR INDUSTRY: Curtiss Wright Corp. U.S. Navy

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles A. Hartley

14. MOTHER'S MAIDEN NAME: Barbara Flaherty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unk. — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: unk.

17. INFORMANT & ADDRESS: Records: Spring Grove State Hosp. Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac failure — 2 da.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Hypertensive cardiovascular disease — yrs
DUE TO (c)

443+

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Hemiplegia following cerebral accident. — 5 yrs / 5 yrs ago

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 13, 1953, to Feb 4, 1953, that I last saw the deceased alive on Feb 4, 1953, and that death occurred at 5:00 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED
Ethel B. Herrmann-Brown M.D. Spring Grove State Hosp. Catonsville 28 Md. Feb 4-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 2/7/53 — NAME OF CEMETERY OR CREMATORY Dulaney Valley Mem. Park — LOCATION (City, town, or county) (State) Baltimore Md.

DATE REC'D BY LOCAL REG. February 7, 1953 — REGISTRAR'S SIGNATURE R.W.

24. FUNERAL DIRECTOR ADDRESS Paul A. Hellmann 6067 Harford Rd

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. ...

1. NAME OF DECEASED (Type or Print): John Harlicik

2. DATE OF DEATH: 2-10-53

3. PLACE OF DEATH: A. Baltimore City, Maryland — Balto.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1901 Walnut Ave

C. Length of stay in Baltimore: 52 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission): A. STATE Md. B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore

D. STREET ADDRESS (If rural, give location): 1901 Walnut Ave

5. SEX: M. | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 1-10-80 | 9. AGE (In years. last birthday): 73 | If Under 1 Year: Months / Days | If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Brick Layer | 10B. KIND OF BUSINESS OR INDUSTRY: Beth. Steel Co.

11. BIRTHPLACE (State or foreign country): Czechoslovakia | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Martin Harlicik | 14. MOTHER'S MAIDEN NAME: Annie ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Mary Harlicik | ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 3 months

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

(002X)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Pulmonary Intercostalis

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR?

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 19 53 *to* 2-10, 19 53, *that I last saw the deceased alive on* 2-1, 19 53, *and that death occurred at* 11 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Daniel L. Zolis M. D. | 23B. ADDRESS: 1942 Cedar Lane | 23C. DATE SIGNED: 2-11-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial | 24B. DATE: 2-11-53 | 24C. NAME OF CEMETERY OR CREMATORY: St. Stanislaus | 24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR | REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR: Lilly & Helwig | ADDRESS: 1133 S.

VS. A15

PLEASE WRITE PLAINLY, WITH INDELIBLE INK. Every item of information should be carefully supplied. The correct age is especially important; physicians; please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30 — 01340

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (In this place): 1 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove St. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Leonardtown
STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED: (Type or Print) (First) Phillip (Middle) G. (Last) Hayden

4. DATE OF DEATH: (Month) 2 (Day) 1 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): ~~SINGLE~~, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify):

8. DATE OF BIRTH: 8/15/93

9. AGE last birthday: 59 yrs.
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Owner of farm

11. BIRTHPLACE (State or foreign country): St. Mary's Co., Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Hayden

14. MOTHER'S MAIDEN NAME: Mary Catherine Springer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Lung

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

163

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Arteriol. C-V Dis.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/1/53 19..... to 2/1/53 19....., that I last saw the deceased alive on 2/1/53 19....., and that death occurred at 5A m., from the causes and on the date stated above.

SIGNATURE: Joseph D. Lichtenberg (DEGREE OR TITLE) M.D. ADDRESS: Spring Grove St Hosp. DATE SIGNED: 2/1/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2-3-53 — NAME OF CEMETERY OR CREMATORY: St. Aloysius — LOCATION (City, town, or county) (State): Leonardtown Md.

DATE REC'D BY LOCAL REG. 2-1-53 — REGISTRAR'S SIGNATURE: V E Harris

24. FUNERAL DIRECTOR — ADDRESS: Joseph C. Mattingley, Leonardtown, Md.

FEB

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01347

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: BALTO — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: PARKVILLE — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2817 EMERALD AVE

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: PARKVILLE - BALTO.
STREET ADDRESS (If rural give location): 2817 EMERALD AVE

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) B. (Last) HEINKEL

4. DATE OF DEATH: (Month) FEB (Day) 9 (Year) 1953

5. SEX: M.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: FEB 26, 1880

9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MECHANIC

10b. KIND OF BUSINESS OR INDUSTRY: unknown

11. BIRTHPLACE (State or foreign country): BALTO. Md.

12. CITIZEN OF WHAT COUNTRY? U S A.

13. FATHER'S NAME: FREDERICK. HEINKEL

14. MOTHER'S MAIDEN NAME: RACHAEL ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If year, give war or dates of service): NO

16. SOCIAL SECURITY NO.: 218-01-4278

17. INFORMANT: MRS CA WITTBECKER — SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Acute Pulmonary edema

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiac Decompensation

(c)

INTERVAL BETWEEN ONSET AND DEATH: 3 hrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-1-53, 19—, to 2-9-53 19—, that I last saw the deceased alive on 2/9/53, 19—, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Kirlin A. Heath, MD — 210 E. Pratt St. — 2-12-53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE: 2-12-53 — NAME OF CEMETERY OR CREMATORY: MT. CARMEL — LOCATION (City, town, or county): BALTO. (State): Md.

DATE REC'D BY LOCAL REG.: 2/13/53 — REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: Mrs Mildred J. Blight — ADDRESS: 6009 Harford Rd

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH 01348

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rodgers Forge — LENGTH OF STAY (in this place) 5 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 144 Hopkins Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rodgers Forge
STREET ADDRESS (If rural, give location) 144 Hopkins Road

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) B. C. (Last) Heise

4. DATE OF DEATH: (Month) Feb. (Day) 5 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: 10/15/67

9. AGE last birthday: 85 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: -------

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Bonday, Jr.

14. MOTHER'S MAIDEN NAME: Christina White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: L. R. Heise 4312 Ethland Avenue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arterio-Sclerotic Heart Disease — 5 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute Coronaic Failure with Pulmonary Odemia. — 1 hour.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. - Generalized Arterio-Sclerosis. — 5 yrs.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 43, to Feb. 5, 53, that I last saw the deceased alive on Feb. 5, 53, and that death occurred at 12:20 A.m., from the causes and on the date stated above.

SIGNATURE: Emil L. Chambers — (Degree or title) M.D. — ADDRESS: 4108 Liberty Hts. Baltimore — DATE SIGNED: 2-6-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2/7/53 — NAME OF CEMETERY OR CREMATORY: Loudon Park — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 2/6/53 — REGISTRAR'S SIGNATURE: A. V. Hedrick — 24. FUNERAL DIRECTOR AND ADDRESS: H. W. Meades and Son 805 N. Calvert St.

VS-ATS-7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-15 8-51

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Northbrook
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7759 Baltimore Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Northbrook
STREET ADDRESS (If rural, give location): 7759 Baltimore Ave.

3. NAME OF DECEASED: (Type or Print) (First) RICHARD (Middle) (Last) HERDA

4. DATE OF DEATH: (Month) Feb. (Day) 4 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: Apr 25 1868

9. AGE last birthday: 84 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician

10b. KIND OF BUSINESS OR INDUSTRY: Self employed

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ? Herda

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Mary Herda

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Lobar Pneumonia — Jan 2-53

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Arteria. sclerosis Myocarditis

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 2, 19 53, to Feb 4, 19 53; that I last saw the deceased alive on Feb 3, 19 53 and that death occurred at 10:20 p.m., from the causes and on the date stated above.

SIGNATURE: Edward F. Stedman (DEGREE OR TITLE) ADDRESS: 3426 Bull St — DATE SIGNED: 2/4/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 2-6-53 — NAME OF CEMETERY OR CREMATORY: Oak Lawn Cem. — LOCATION (City, town, or county) (State): Balto Co Md

DATE REC'D BY LOCAL REG. 2/5/53 — REGISTRAR'S SIGNATURE: R W Hedrick

24. FUNERAL DIRECTOR: John G Connelly — ADDRESS: 418 Eastern Av Balto 31 Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 3 1 .. 13350

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7100 Windsor Mill Rd

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE W. Va. — COUNTY Berkeley
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgeway
STREET ADDRESS (If rural give location) None

3. NAME OF DECEASED: (Type or Print) (First) NIMROD (Middle) WHITACRE (Last) HERRELL

4. DATE OF DEATH: (Month) Feb. (Day) 5 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Apr. 8, 1870

9. AGE last birthday: 82 yrs.
IF UNDER 1 YEAR: Months — Days
IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Livestock Dealer

10b. KIND OF BUSINESS OR INDUSTRY: farming

11. BIRTHPLACE (State or foreign country): Frederick County, Va.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Wellington Herrell

14. MOTHER'S MAIDEN NAME: (Given name if known) Gill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Ralph D. Snapp, Winchester, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death
420.1 Immediate cause	(a) Coronary Thrombosis	30 MIN.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Arteriosclerotic C-V-D	2 YRS.
	DUE TO (c) Generalized Arteriosclerosis	15 YRS.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 25, 1952, to Feb 5, 1953, that I last saw the deceased alive on Jan. 17, 1953, and that death occurred at 5:30 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) L. Arthur Rossberg M.D — ADDRESS 2436 Washington Blvd — DATE SIGNED 2/5/53

23. BURIAL, CREMATION, REMOVAL (Specify) Rem. + Burial — DATE THEREOF 2-7-1953 — NAME OF CEMETERY OR CREMATORY Payne Chapel — LOCATION (City, town, or county) Ridgeway, W. Va. (State)

DATE REC'D BY LOCAL REGISTRAR 2/6/53 — REGISTRAR'S SIGNATURE Wm. E. Martin

24. FUNERAL DIRECTOR Dayna B. Rupe — ADDRESS Winchester, Va.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1351

Reg. Dist. No. 3J

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1504 Tredegar Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 1504 Tredegar Ave.

3. NAME OF DECEASED (Type or Print): (First) Adelaide (Middle) E. Hildebrand (Last)

4. DATE OF DEATH: (Month) Feb. (Day) 18, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 19, 1869

9. AGE last birthday: 83 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ------Hasloop

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Charles E. Hildebrand, 1504 Tredegar Av

18. MEDICAL CERTIFICATION — Catonsville 28, Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

447X

Immediate cause (a) Cerebral hemorrhage and thrombosis — Interval between onset and death: 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) due to marked arteriosclerosis and hypertension — Indefinite

(c) cardio-vascular disease.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 22 Jan., 1951, to 18 Feb, 1953, that I last saw the deceased alive on 17 Feb, 1953, and that death occurred at 5:40 A m., from the causes and on the date stated above.

SIGNATURE: Emil H. Henning Jr (Degree or title) M.D ADDRESS 601 Wmans Way DATE SIGNED 19 Feb 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Feb. 20/53

NAME OF CEMETERY OR CREMATORY: Loudon Park

LOCATION (City, town, or county) (State): Baltimore 29, Md.

DATE REC'D BY LOCAL REG. 2/20/53

REGISTRAR'S SIGNATURE: W. H. Seabrook

24. FUNERAL DIRECTOR: Harry H. Leitz

ADDRESS: 4101 Edmondson Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 42 — 153

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard
LENGTH OF STAY (in this place): 6½ days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BALTIMORE
STREET ADDRESS (If rural give location): 3404 E. Pratt Street, Balto., 24

3. NAME OF DECEASED (Type or Print): (First) Henrietta (Middle) (NMI) (Last) Himmer
4. DATE OF DEATH: (Month) 2 (Day) 15 (Year) 1953
5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 6/8/84
9. AGE last birthday: 68 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Nurse
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S. A.
13. FATHER'S NAME: George M. (Deceased)
14. MOTHER'S MAIDEN NAME: Henrietta MN. Schmitt, (deceased)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW 1
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Clin. Rec., Vet. Adm. Hospt., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170

Immediate cause (a) CARCINOMA, RIGHT BREAST WITH METASTASES — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) .... DUE TO

(c)

Interval Between Onset And Death: UNKNOWN

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 9, 1953, to Feb. 15, 1953, that I last saw the deceased alive on [illegible] and that death occurred at 2:30 am, from the causes and on the date stated above.

SIGNATURE (Degree or title): [signature] — ADDRESS: VA Hosp., Ft. Howard, Md. — DATE SIGNED: 2-15-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Feb. 18 1953 — NAME OF CEMETERY OR CREMATORY: Trinity Cemetery — LOCATION (City, town, or country) (State): O'Donnell St. Balto Md

DATE REC'D BY LOCAL REGISTRAR: 2/16/53 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR — ADDRESS: H. Sander and Sons, North Ave. & Brdwy., Balto, MD.

George H. Sander

VS. A15

Item 9 FilmG151/2/17/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

01353

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
   COUNTY: Baltimore
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Owings Mills
   LENGTH OF STAY (in this place): 56yrs 9 mo.
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rosewood St. Tr. School

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: Maryland
   COUNTY
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
   STREET ADDRESS (If rural give location): not known ✓

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) (Last) Hoffman

4. DATE OF DEATH: (Month) 2 (Day) 9 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 4-10-1889

9. AGE last birthday: ~~65~~ 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): inmate

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Nathan Hoffman

14. MOTHER'S MAIDEN NAME: Rosie ------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Institution records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491X

Immediate cause (a) Broncho pneumonia with acute bronchitis — Interval Between Onset And Death: 2 days

Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Inanition due to persistent cloaca — congenital
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-5 ,1953, to 2-9- ., 1953, that I last saw the deceased alive on 2-9 , 1953, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

SIGNATURE: Viola B. Johns (Degree or title) M.D ADDRESS: Rosewood Owings Mills Md DATE SIGNED: 2-10-53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal DATE THEREOF: 2/11/53 NAME OF CEMETERY OR CREMATORY: University Med School LOCATION (City, town, or county) (State): Balto City Md

DATE RECD BY LOCAL REGISTRAR: 2-11-53 REGISTRAR'S SIGNATURE: Mary B. Eline

24. FUNERAL DIRECTOR: Frances A Hemsley ADDRESS: 578 W Badle St

RECEIVED
FEB 1
W. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Balto — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) —

LENGTH OF STAY (in this place) —

HOSPITAL OR INSTITUTION OR STREET ADDRESS 3504 Washington Blvd

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md — COUNTY Balto

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN —

STREET ADDRESS (If rural, give location) 3504 Washington Blvd

3. NAME OF DECEASED: (Type or Print) (First) Catherine (Middle) C. (Last) Hollowell

4. DATE OF DEATH: (Month) Feb (Day) 12th (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Married	5/28/1904	48 yrs.	8	4		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	New Jersey	

13. FATHER'S NAME: Thomas McAndle

14. MOTHER'S MAIDEN NAME: Margaret Kearney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: 3504 Callaghan Hollowell Washington Blvd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Carcinomatosis Primary Ca. of Cervix	6 mths.
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1952 to Feb, 1953 that I last saw the deceased alive on Feb 12th, 1953, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Lawrence F. D'Elia M.D. 2 E Read St. Baltimore 2/12/53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR ~~CREMATORY~~	LOCATION (City, town, or county) (State)
Removal		Gates of Heaven	Hanover N.J.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
		Wm Cook Inc.	1217 St. Paul St. Balto Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

(0135)

Reg. Dist. No. 2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 89 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY H W.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkridge
STREET ADDRESS (If rural give location) Route 4, Box 67, Landon Road

3. NAME OF DECEASED: (First) CLARENCE (Middle) W. (Last) IGLEHART
4. DATE OF DEATH: (Month) February (Day) 15 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 4-7-87
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Farmer (Dairy) Co-Owner
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Baltimore Co., Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: James W. Iglehart
14. MOTHER'S MAIDEN NAME: Carolyn Gerwig

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X

Immediate cause (a) CARCINOMA OF STOMACH

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) .....

DUE TO

(c)

Interval Between Onset And Death: UNKNOWN

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 12-15-52
19b. MAJOR FINDINGS OF OPERATION: Exploratory Laparotomy
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 18, 1952, to Feb. 15, 1953, that I last saw the deceased and that death occurred at 7:53 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) WILLIAM B. VANDEGRIFT, M. D.
ADDRESS VAH, FORT HOWARD, MARYLAND
DATE SIGNED 2-16-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2-18-53
NAME OF CEMETERY OR CREMATORY St. John's Cemetery
LOCATION (City, town, or county) (State) Ellicott City, Maryland

DATE REC'D BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Easton Sons Funeral Home
ADDRESS 608 Frederick Ave. Baltimore, Md.

Zone 28

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2121 Gwynn oak ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
STREET ADDRESS (If rural, give location) 13 Gwynnbrook drive

3. NAME OF DECEASED (Type or Print): (First) Todd (Middle) Mann (Last) Jackson

4. DATE OF DEATH: (Month) July (Day) 25 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct 17 1896

9. AGE last birthday: 56 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Common Worker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Phila Pa

12. CITIZEN OF WHAT COUNTRY? Usa

13. FATHER'S NAME: J L Jackson

14. MOTHER'S MAIDEN NAME: Helen Potter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Julia Myth Olmstead

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute cardiac failure

322.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy __, Inspection __, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Jas M Kieffer MD Dept of Med Balto 1000 Leeds Ave July 25 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2-28-53 — NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery — LOCATION (City, town, or county) (State): Woodlawn Md.

DATE REC'D BY LOCAL REG.: 7/28/53 — REGISTRAR'S SIGNATURE: Wm Hebron

24. FUNERAL DIRECTOR: Edsworth Funeral — ADDRESS: 4600 Liberty Heights Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Baltimore MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville

LENGTH OF STAY (in this place): 1mo. 20 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore

STREET ADDRESS (If rural, give location): 126 S. Louden Avenue

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH: (Month) (Day) (Year)
Mabel Prudency Davidson Jaeger	February 19, 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	10-25-1880	72 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife		Wisconsin	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Charles Davidson	Mary E. Meloy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		Unknown	Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Acute cardiac failure	2 days
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Hypertensive cardiovascular disease	Years
DUE TO		
	(c) Arteriosclerotic heart disease	Years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis — Years

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 12-30-, 19 53, to 1-19-, 19 53, that I last saw the deceased alive on 1-19-, 19 53, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Ethel B Hermann Grens MD — Spring Grove State Hospital Catonsville 28, Maryland — 2-19-53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/21/53	Moreland Mem. Pk.	Balto. Co., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
February 21 1953	R.W.	Wm. J. Tilcher & Sons	Balto. 17, Md

VS. A15 8-50

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard. LENGTH OF STAY (In this place) 18 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS End North Pt. Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Charles	Joseph	James SR.	Feby	5-	53

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male.	White.	Married.	Apr 11 1901	51 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Electrician	Bethlehem Steel Co.	Balto Co. Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John James.	Eva R. Shephardt.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	213-07-0455.	Above (mother).

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronary occlusion.	Immediate.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio Vascular Heart disease	?
(c)	

420 11

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☐	HOW DID INJURY OCCUR?
Feby	5	53-	7:45 P.M.			None.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
W. McCarmine M.D.	Balto. Co. Medical Examiner Dundalk 22 Md	2/5/53.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	2-5-1953	OAK LAWN CEM.	7275 EASTERN BLVD. MD

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/6/53	[illegible]	Edwards S. Zeiler	901 S. Conkling St Balto. 24, Md.

VS-A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01359

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore 19 MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Pt. | LENGTH OF STAY (In this place) 2 1/2 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS R 10 Box 393.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington Co COUNTY Md.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 453 W. Washington St.

3. NAME OF DECEASED (Type or Print): (First) EDITH (Middle) M. (Last) JENNINGS.

4. DATE OF DEATH: (Month) Feb. (Day) 14. (Year) 1953.

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow | 8. DATE OF BIRTH: July 29 1889 | 9. AGE last birthday: 63 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework | 10b. KIND OF BUSINESS OR INDUSTRY: Own home | 11. BIRTHPLACE (State or foreign country): Md. | 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Bailous Corder.

14. MOTHER'S MAIDEN NAME: Fannie Rohr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: None.

17. INFORMANT: Mamie Byrd (sister)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Terminal Bronchopneumonia — Interval Between Onset and Death: 4 days.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cerebral Thrombosis — 4 days.

(c) Hypertensive Cardiovascular Disease 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 8, 1952 to Feb 14, 1953, that I last saw the deceased alive on Feb 13, 1953, and that death occurred at 3.30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Louis N. Sollin. M.D. 6908 North Point Rd. Balto 14. 2/14/53.

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 2/17/53 | NAME OF CEMETERY OR CREMATORY: Rose Hill Cem | LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REG.: Feb. 14-53 | REGISTRAR'S SIGNATURE: Dawson L. Farber | 24. FUNERAL DIRECTOR | ADDRESS: F K Bell Man Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

61360

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Catonsville MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Paradise Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 2617 Wentworth Road

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Melvin (Last) Johnson

4. DATE OF DEATH: (Month) Feb. (Day) 21 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 21, 1886

9. AGE last birthday: 67 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Bookkeeper

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George M. Johnson

14. MOTHER'S MAIDEN NAME: Mary E Owens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-03-1218

17. INFORMANT: Mrs. Lillie A. Johnson, 2617 Wentworth

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X

Immediate cause (a) Cerebral thrombosis — Interval between onset and death: 24 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c) Arteriosclerosis, generalized — Unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arthritis, rheumatoid, severe c ankyloses & joint damage — Unknown

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-19, 1952, to 2-21, 1953, that I last saw the deceased alive on 2-20, 1953, and that death occurred at 7 30 A m., from the causes and on the date stated above.

SIGNATURE Stephen Lee (Degree or title) Mo Gness MD ADDRESS Catonsville 28, Md. DATE SIGNED 2-21-53

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial — DATE THEREOF 2/23/53 — NAME OF CEMETERY OR CREMATORY Parkwood Cemetery — LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 2/23/53 — REGISTRAR'S SIGNATURE C. W. Hedrick MD

24. FUNERAL DIRECTOR Leonard J. Ruck — ADDRESS 5305 Harford Road

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Talbot — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton — LENGTH OF STAY (In this place) 21 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1643 Hopewell Av

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Md.
STREET ADDRESS (If rural, give location) 1643 Hopewell Av

3. NAME OF DECEASED (Type or Print): (First) Nannie (Middle) J. (Last) Johnson
4. DATE OF DEATH: (Month) (Day) (Year) 1953
5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Dec 5, 1862
9. AGE last birthday: 90 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Farmville Va
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: George Evans
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Frank Johnson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422 Immediate cause (a) Arteriosclerotic Heart Disease.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Hemorrhage

(c) Senility

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: March 5 53 — NAME OF CEMETERY OR CREMATORY: St. Stephens Cem. — LOCATION (City, town, or county): Easton — (State): Md.

DATE REC'D BY LOCAL REG. 3/3/53 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — (ADDRESS) 1129 N. Carey St

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (In this place) 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 323 Lennox Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 323 Lennox Ave.

3. NAME OF DECEASED (Type or Print): (First) Charlotte (Middle) Lottie (Last) Jones

4. DATE OF DEATH: (Month) 2 (Day) 7 (Year) 1953

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug. 19, 1869

9. AGE last birthday: 83 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Private families

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Geo. Scott - 323 Lennox Ave. Towson, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia Nephritis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fibroid Pneumonia (c)

INTERVAL BETWEEN ONSET AND DEATH: 6 wks.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1952, to Jan 3, 1953, that I last saw the deceased alive on Jan 3, 1953, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Louis C. Jaffe M.D. ADDRESS 301-E-22nd St. DATE SIGNED Feb 5-53.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 2/7/53

NAME OF CEMETERY OR CREMATORY: Pleasant Rest

LOCATION (City, town, or county) (State): Towson, Md.

DATE REC'D BY LOCAL REG.: 2/5/53

REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR ADDRESS: William I. Chatman, Jr. - 1701 McCulloh St. Balto. Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

1563

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 422 Pitman Place

3. NAME OF DECEASED (Type or Print): (First) ELMER (Middle) (NMI) (Last) JONES

4. DATE OF DEATH: (Month) February (Day) 19 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5-31-96

9. AGE Last birthday: 56 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: Kerr's Potatoe Chip Co.

11. BIRTHPLACE (State or foreign country): Texas, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William W. Jones

14. MOTHER'S MAIDEN NAME: Rachel (MN: Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

42-1

Immediate cause (a) EMBOLUS OF LEFT CAROTID AND MIDDLE CEREBRAL ARTERY — Interval Between Onset And Death: 10 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) MURAL THROMBOSIS OF LEFT VENTRICLE — Interval Between Onset And Death: Unknown

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb.15, 19 53, to Feb.19, 19 53 and that death occurred at 11:50 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title): WILLIAM B. VANDEGRIFT, M. D. — ADDRESS: VAH, FORT HOWARD, MARYLAND — DATE SIGNED: 2-20-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2/24/53 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: — REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR — ADDRESS: Arlington S. Phillips Funeral Home, 1808 N. Monroe Street, Baltimore 17, Maryland

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01364

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bengies | LENGTH OF STAY (in this place): Life.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eastern Ave

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bengies Md
STREET ADDRESS (If rural, give location): Eastern Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
IDA	Rachel	Jones	Feb.	27	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Col.	Widow	7/6/1897	55 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jerome Preston	Loretta Cooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
		Margaret Reed Chase Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinomatosis	1 yr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of cervix	1½ yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Feb 17, 1953, to Feb 26, 1953, that I last saw the deceased alive on Feb 26, 1953, and that death occurred at 5 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A Lewis	Fdg MD	215 Edgewater apts, Balt 31	Md

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Buried	Mar 3 53	Sharp St. Cemetery	Chase	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/2/53	[signature]	Mrs. John A. Elliott - Dft	1129 N. Caroline St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ... is especially important. Physicians: please write the causes of death clearly and legibly

1. PLACE OF DEATH:
COUNTY: Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 682 Pierce Street

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) H. (Last) JONES

4. DATE OF DEATH: (Month) February (Day) 3 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10-30-87

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months / Days / IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Janitor

10b. KIND OF BUSINESS OR INDUSTRY: Afo- American

11. BIRTHPLACE (State or foreign country): Catonsville, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Henry Jones

14. MOTHER'S MAIDEN NAME: Margaret King

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes
(If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) STENOSIS OF AORTIC VALVE	UNKNOWN
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) CALCIFICATION	UNKNOWN
	DUE TO (c)	

421.1

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work [ ] Not While At Work [ ] HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Jan. 23, 1953, to Feb. 3, 1953, and that death occurred at 1:35 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): WILLIAM H. VANDEGRIFT, M. D.
ADDRESS: VAH, FORT HOWARD, MARYLAND
DATE SIGNED: 2-3-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 2/6/53
NAME OF CEMETERY OR CREMATORY: Baltimore National
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 2/6/53
REGISTRAR'S SIGNATURE: a w Hedrick

24. FUNERAL DIRECTOR ADDRESS: Arlington S. Phillips Funeral Home
1808 N. Monroe Street, Baltimore 17, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01366

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place) 7½ yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS House in the Pines

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; STREET ADDRESS (If rural, give location) 202 Hilton Avenue

3. NAME OF DECEASED (Type or Print): (First) ANNA (Middle) MATILDA (Last) KALIN

4. DATE OF DEATH: (Month) (Day) (Year) Feb. 4th., 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Feb. 9, 1875

9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Sweden

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ----------

16. SOCIAL SECURITY NO.: 171-18-1600 D

17. INFORMANT AND ADDRESS: H. Orton 202 Hilton Ave. Catonsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchopneumonia — 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 442X

(b) Cardio Vascular Renal Disease — 3 years

+71X (c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/1, 1952, to 2/4, 1953 that I last saw the deceased alive on 2/3, 1953 and that death occurred at 7:45A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Elliot W. Johnson MD — ADDRESS 3632 Dudley Ave — DATE SIGNED 2/5/53

23. BURIAL, CREMATION REMOVAL (Specify) Ship by R. R. — DATE THEREOF Burial 2/7/53 — NAME OF CEMETERY OR CREMATORY William Penn Memorial — LOCATION (City, town, or county) (State) Wilkensburg, Penna.

DATE REC'D BY LOCAL REG. 2-5-53 — REGISTRAR'S SIGNATURE V. E. Harvey — 24. FUNERAL DIRECTOR Easton Sons — ADDRESS Catonsville, Md.

VS. A1g

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Carroll Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Glyndon
LENGTH OF STAY (in this place) 13 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Butler Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto. Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) CALVIN (Last) KEEFER

4. DATE OF DEATH: (Month) 2 (Day) 13 (Year) 19 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married

8. DATE OF BIRTH: June 12-1897

9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tenant farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Calvin Kefer

14. MOTHER'S MAIDEN NAME: Fannie Otter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) yes W.W. I

16. SOCIAL SECURITY NO.: 215-20-9618

17. INFORMANT & ADDRESS: Irma Catherine Kefer Glyndon, Md. Butler Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Angina Pectoris — Interval between onset and death: 1 week

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Hypertension — Known 2 yrs
DUE TO (c) Arteriosclerosis — 2 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-, 19 40, to 2-13, 19 53, that I last saw the deceased alive on 2-12, 19 53, and that death occurred at 7 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) G. Sell M.D. ADDRESS Reisterstown Md. DATE SIGNED 2-15-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 2-16-1953

NAME OF CEMETERY OR CREMATORY Meadowbranch Cemetery

LOCATION (City, town, or county) Westminster (State) Md.

DATE REC'D BY LOCAL REG. 2-14-53

REGISTRAR'S SIGNATURE Mary B. Kline

24. FUNERAL DIRECTOR ADDRESS H Bankard & Son, Westminster, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place) 7 mos. 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) Baltimore City Hospital

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
James	B.	Kerlin	February 21, 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	4-8-1868	84 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman	Unknown	Virginia	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Kerlin	Sallie ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Unknown	Unknown	Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

903.7 **Immediate cause** (a) Acute Cardiac failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Senile and Cerebral arteriosclerosis

(c) Senile Psychosis Paralysis agitans

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture right femur

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Hospital	Catonsville	Baltimore	Md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☑	HOW DID INJURY OCCUR?
July 21 53 2 P.m.		Knocked down by another patient - fracturing hip

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Leo M. Kieffer MD Asst Phys	Md Bal Co 1010 Leeds Ave	Feb 27 53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-27-53	Spring Grove Hosp.	Catonsville 28

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/27/53	[illegible]	Spring Grove Hosp.	Catonsville Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

1. NAME OF DECEASED (Type or Print): KATHLEEN THERESA KIRBY
2. DATE OF DEATH: FEB. 22, 1953

3. PLACE OF DEATH
A. Baltimore City, Maryland — Baltimore Co.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 326 HOPKINS Rd.
C. Length of stay in Baltimore: 23 Years / Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALTIMORE
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 326 HopKINS Road.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
FEMALE	WHITE	SINGLE	JAN. 31, 1953		– 23	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	none	MARYLAND (Baltimore City)	USA

13. FATHER'S NAME: LEROY EUGENE KIRBY
14. MOTHER'S MAIDEN NAME: RUTH I. LEE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO		FATHER	SAME

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		INTERVAL BETWEEN ONSET AND DEATH
(A) SEPTICEMIA		40 hours
DUE TO		
ANTECEDENT CAUSES — (B) ACUTE PHARYNGITIS		16 hours
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. — DUE TO		
PYLORoSPASM		23 days

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* JAN. 31 1953, *to* FEB. 23, 1953, *that I last saw the deceased alive on* FEB. 22, 1953, *and that death occurred at* 4:15 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Melchijah Spragins M.D
23B. ADDRESS: 7116 WARDMAN Rd.
23C. DATE SIGNED: FEB 23, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 2/23/53
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR: L. J. Ruck
ADDRESS: 5305 Harford

2/26 VS 150 a.2. Refunender-cmc (2137)24404

MARGIN RESERVED FOR BINDING

IN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH ING INK. Every item of information should be carefully supplied. T correct age is especially important. ns: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. (Dist.) No. 1370 2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 (8-51)

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Catonsville
LENGTH OF STAY (in this place) 7 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1009 Bayard St. ✓

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) (Last) Kitzman

4. DATE OF DEATH: (Month) Feb (Day) 28 (Year) 19 53

5. SEX:	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify);	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	wid.	Sept 5, 1875	77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
house Wife		Germany	U.S

13. FATHER'S NAME: Blank

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	unknown	Pseudo Spring Grove State Hosp. Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.0 Immediate cause	(a) Cardiac failure	5 da.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerotic heart disease DUE TO	yrs.
	(c) Generalized arteriosclerosis DUE TO	yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: Senile arteriosclerosis nephrosclerosis yrs.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 23, 19 53 to Feb 28, 1953, that I last saw the deceased alive on Feb 27, 19 53, and that death occurred at 3:15 A. m., from the causes and on the date stated above.

SIGNATURE Ethel B Heymann-Greer (DEGREE OR TITLE) M.D. ADDRESS Spring Grove State Hosp. Catonsville 28, Md. DATE SIGNED 2-28-53

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-2-1953	Loudon Park	Balto Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar 1	C. L. Hinkle	Roff & B. M. Walter	Pratt & Stricker Sts

Item 9: Film GI51 2/27/53 dmr.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AID 8-51

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Catonsville
LENGTH OF STAY (in this place): 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove St. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 3405 Devonshire

3. NAME OF DECEASED: (Type or Print) (First) Otto (Middle) (Last) Klenner

4. DATE OF DEATH: (Month) 2 (Day) 23 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 8/8/1874

9. AGE last birthday: 78 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cabinet maker

10b. KIND OF BUSINESS OR INDUSTRY: self employed

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert J. Klenner

14. MOTHER'S MAIDEN NAME: Maria Nachtigal

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr. Robert O. Klenner-3405 Devonshire

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary abscess (right)	1 wk +
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO: Unresolved Pneumonia	3 wk +
	(c) DUE TO:	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Cardio-vascular-renal disease & uremia

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/2/53, 1953, to 2/23/53, 1953, that I last saw the deceased alive on 2/23/53, 1953, and that death occurred at 10 P.M. m., from the causes and on the date stated above.

SIGNATURE: Joseph D. Lichtenberg (DEGREE OR TITLE) M.D. ADDRESS: Spring Grove St. Hosp. DATE SIGNED: 2/23/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 2/26/53 — NAME OF CEMETERY OR CREMATORY: Western Cem. — LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE — FUNERAL DIRECTOR: Wm. J. Fickenscher & Sons — ADDRESS: Balto 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 10

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (In this place): 1yr 6mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Route 40 Patapsco River

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
STREET ADDRESS (If rural, give location): 204 Tiesion Court

3. NAME OF DECEASED (Type or Print): (First) William (Middle) L (Last) Klingaman
4. DATE OF DEATH: (Month) Jan (Day) 5 (Year) 19 53

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 3-18 1915
9. AGE last birthday: 37 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): asst Supt
10b. KIND OF BUSINESS OR INDUSTRY: State Education
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Milton K Klingaman
14. MOTHER'S MAIDEN NAME: Bertie Bable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkoown) | (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Mrs Ann Klingaman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

175 **Immediate cause** (a) Drowning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Jumping from Bridge Route 40 into
(c) River / suicide

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: River (CITY OR TOWN): Catonsville (COUNTY): Balto (STATE): Md
TIME OF INJURY (Month) Feb (Day) 5 (Year) 53 (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Jumped in river from Bridge Route 40

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒ homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Jos M. Lie Coroner Balto Co. ADDRESS: 1010 Lindsay DATE SIGNED: Feb 5. 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 2/9/53 | NAME OF CEMETERY OR CREMATORY: London Park | LOCATION (City, town, or county) (State): Balto. Md

DATE REC'D BY LOCAL REG. 2-8-53 | REGISTRAR'S SIGNATURE: C E Harris | 24. FUNERAL DIRECTOR / ADDRESS: Kimmel Tabler & Son

VS. A15A

75-9

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 9yrs 7mos 14days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bushwood Crural
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED: (Type or Print) (First) Alice (Middle) (Last) Knott

4. DATE OF DEATH: (Month) Feb (Day) 17 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 10, 1897

9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Knott

14. MOTHER'S MAIDEN NAME: Ida Rebecca Barbour

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

44

Immediate cause (a) Acute cardiac failure — ?

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hypertensive cardiovascular disease — Years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Mental deficiency--Imbecility — Life

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 17, 1952, to Feb 16, 1953, that I last saw the deceased alive on Feb 16, 1953, and that death occurred at 5:45 A.m., from the causes and on the date stated above.

SIGNATURE John P. Risley (DEGREE OR TITLE) M.D. ADDRESS Spring Grove State Hospital Catonsville Md DATE SIGNED Feb 17, 1953

23. BURIAL, CREMATION OR REMOVAL (Specify): Removal — DATE THEREOF 2/24/53 — NAME OF CEMETERY OR CREMATORY Murray's Med School — LOCATION (City, town, or county) (State) Baltimore Co Md

DATE REC'D BY LOCAL REG. 2/24/53 — REGISTRAR'S SIGNATURE C.E. Harry

24. FUNERAL DIRECTOR Frances A Hemaley ADDRESS 5781 Biddle St

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton — LENGTH OF STAY (in this place) 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9025 Belair Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton
STREET ADDRESS (If rural, give location) 9025 Belair Road.

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) James (Last) Kozak
4. DATE OF DEATH: (Month) Feb. (Day) 21, (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov 11, 1874
9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Presser
10b. KIND OF BUSINESS OR INDUSTRY: Tailoring
11. BIRTHPLACE (State or foreign country): Czechoslavakia
12. CITIZEN OF WHAT COUNTRY? Unknown

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 212-10-0998
17. INFORMANT AND ADDRESS: Katherine Soth 9025 Belair Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Broncho pneumonia — 4 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Influenza — 6 days

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Arteriosclerotic Heart Disease — unknown

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/18, 1953, to 2/21, 1953, that I last saw the deceased alive on 2/21, 1953, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. Walker M.D. 6331 Belair Rd. (6) 2/23/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Feb. 24, 1953 — NAME OF CEMETERY OR CREMATORY: Holy Redeemer — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 2/23/53 — REGISTRAR'S SIGNATURE: A. Whitelock M.D. — 24. FUNERAL DIRECTOR: FR. CVACH & SON — ADDRESS: 900 N. CHESTER ST

VS. 215

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A16 8-51

1. PLACE OF DEATH: COUNTY Balto. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colgate; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 401 Oak Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colgate; STREET ADDRESS (If rural, give location) 401 Oak Ave.

3. NAME OF DECEASED: (Type or Print) (First) LENA (Middle) C (Last) KRAMER

4. DATE OF DEATH: (Month) Feb. (Day) 26 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widower

8. DATE OF BIRTH: Jan 6 1872

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Schah.

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Elizabeth R Dietrich (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
422.1 Immediate cause	(a) Pulmonary oedema	12 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Myocardial disease - degenerative	1 year
	DUE TO (c) Arterio-Sclerosis.	2

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. decubitus ulcers.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.; INJURY OCCURRED While at work ☐ Not while at work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1950, to Feb 26, 1953, that I last saw the deceased alive on Feb 6, 1953, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

SIGNATURE: Morris A. Jacobs (DEGREE OR TITLE) M D ADDRESS 1010 North Point Road DATE SIGNED Feb 26-1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF March 2-1953; NAME OF CEMETERY OR CREMATORY Oak Lawn; LOCATION (City, town, or county) (State) Eastern Ave. md.

DATE REC'D BY LOCAL REG. 2/27/53; REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR John H Connelly. ADDRESS 418 Eastern Ave Exp 21 - md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 2 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 3528 Frederick Avenue

3. NAME OF DECEASED: (First) JOHN (Middle) J. (Last) LAUER
4. DATE OF DEATH: (Month) February (Day) 8 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Aug. 15, 1889
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Maintenance man
10b. KIND OF BUSINESS OR INDUSTRY: Sanitarium
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Peter Lauer
14. MOTHER'S MAIDEN NAME: Emma Blair
15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWI
16. SOCIAL SECURITY No.: 217-05-3416
17. INFORMANT & ADDRESS: Clin.Records, Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 X

Immediate cause (a) LEFT CEREBRAL HEMORRHAGE — Interval Between Onset And Death: Unknown

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 8, 1953, to Feb. 8, 1953, and that death occurred at 5:55 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) WILLIAM B. VANDEGRIFT, M.D. ADDRESS VAH, FORT HOWARD, MARYLAND DATE SIGNED 2/9/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Feb 11, 1953 NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery LOCATION (City, town, or county) Baltimore, Maryland (State)

DATE RECD BY LOCAL REGISTRAR 2/10/53 REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR Schwab Funeral Home, 3512 Frederick Ave. ADDRESS Balto., Md.

H. Truman Schwab

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 376

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
LENGTH OF STAY in this place: 75 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 3448 Reisterstown Road

3. NAME OF DECEASED (Type or Print): (First) DAVID (Middle) M. (Last) LAVINE

4. DATE OF DEATH: (Month) February (Day) 7, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-14-78

9. AGE last birthday: 74 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired Soldier

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harris Lavine

14. MOTHER'S MAIDEN NAME: Julia MN: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): Retired

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) POST OPERATIVE CACHEXIA AND MALNUTRITION — Interval Between Onset And Death: 3 WEEKS

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) POST OPERATIVE AND SENILE PSYCHOSIS , Following SUPRAPUBIC PROSTATECTOMY FOR BENIGN PROSTATE HYPERTROPHY — 3 WEEKS
DUE TO (c) — UNKNOWN

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1-14-53

19b. MAJOR FINDINGS OF OPERATION: BENIGN PROSTATE HYPERTROPHY

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 24, 1952, to Feb. 7, 1953, and that death occurred at 4:55 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Milton Greenberg M.D.

ADDRESS: VAH, FORT HOWARD, MARYLAND

DATE SIGNED: 2/7/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 2-9-53

NAME OF CEMETERY OR CREMATORY: ROSEDALE CEMETERY

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: FEB 10 1953

REGISTRAR'S SIGNATURE: Huntington

24. FUNERAL DIRECTOR ADDRESS: Jack Lewis, Inc., 2100 Eutaw Place, Balto. 17, Md.

Jackson Farber Inc

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 - 57

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 (8-51) T

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Catonsville 28
LENGTH OF STAY (in this place) 5yrs. 3mos. 1wk.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2218 Roslyn Ave.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Fear (Last) Leckner

4. DATE OF DEATH: (Month) 2 (Day) 21 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: 6-7-1873

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Boston Fear

14. MOTHER'S MAIDEN NAME: Elizabeth Leckner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
443X Immediate cause	(a) Cerebral thrombosis	12 hrs.
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Hypertensive heart disease	7+ yrs.
DUE TO		
	(c) Generalized arteriosclerosis	7+ yrs.
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.	Senile psychosis	7 yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-1, 1953, to 2-21, 1953, that I last saw the deceased alive on 2-21, 1953, and that death occurred at 7:00 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Louie Frances Woodward, M.D. Spring Grove State Hosp. Catonsville 28 Md. 2-21-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 2/24/53

NAME OF CEMETERY OR CREMATORY Loudon Park Cem.

LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REG. 2/23/53

REGISTRAR'S SIGNATURE A. F. Pedrick M.D.

24. FUNERAL DIRECTOR Wm. J. Pickner & Sons ADDRESS Balto 17, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18, 1379

CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 716 Cumberland Street

3. NAME OF DECEASED: (Type or Print) (First) ARTHUR (Middle) M. (Last) LEWIS

4. DATE OF DEATH: (Month) February (Day) 10, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 9/15/75

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Stone cutter

10b. KIND OF BUSINESS OR INDUSTRY: [illegible]

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph F. Lewis

14. MOTHER'S MAIDEN NAME: Mary B. Foos

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes (If Yes, give war or dates of service): SAW

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Records,Vet.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X

Immediate cause (a) CARCINOMA OF STOMACH — Interval Between Onset And Death: UNKNOWN

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gangrene of Feet Due to Thrombosis, Iliac Veins Unknown

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 4, 1953, to Feb. 10, 1953, that I last saw deceased on [illegible] and that death occurred at 1:55 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): WILLIAM B. VANDERBILT, M.D.

ADDRESS: VAH, FORT HOWARD, MARYLAND

DATE SIGNED: 2-10-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 2-13-53

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECD BY LOCAL REGISTRAR: FEB 13

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Wm. Tickner & Son, Penn & North Avenue, Baltimore, Maryland

ADDRESS

VS. A6

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY BALTO — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex, Patapsco Park 22 — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Patapsco River

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TURNERS STA. DUNDALK 22
STREET ADDRESS (If rural, give location) 635 MAIN ST.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
DEBBIE	Vivian	LEWIS	2-	12	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	Colored		9-1-49	3 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Balto. Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Herman Lewis	Virian Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Herman Lewis

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
799.8	
Immediate cause (a) DROWNING	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Patapsco River	(CITY OR TOWN)	(COUNTY)	(STATE)
		[illegible]		

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
2-11-53 10 [illegible] a.m.		[illegible]

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[illegible]	[illegible]	[illegible]	12/15/53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/15/53	Christian Mem. Park	Balto. Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-15-53	[illegible]	Kerlin & Sons	802 Md. Ave.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-4 (18)

1. PLACE OF DEATH: COUNTY: Baltimore; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville; LENGTH OF STAY (in this place): 35 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS: 435 Greenlow Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville; STREET ADDRESS (If rural, give location): 435 Greenlow Road

3. NAME OF DECEASED (Type or Print): (First) Calvin (Middle) H. (Last) Lotz

4. DATE OF DEATH: (Month) 2 (Day) 5 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 7-27-1900

9. AGE last birthday: 52 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman - Automobile Model

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry C. Lotz

14. MOTHER'S MAIDEN NAME: Adele Quandt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-10-7756

17. INFORMANT AND ADDRESS: Mrs. Gladys Lotz

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) [illegible] ARTERIOSCLEROTIC [illegible] — Interval Between Onset and Death: 1 [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) VITAMIN B_1 DEFICIENCY. — Interval: 3 [illegible]

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. 0

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE: 0 (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug-10, 1947, to Feb-5, 1953, that I last saw the deceased alive on Jan-28, 1953, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE: D. Lloyd Forman M.D. (Degree or title) ADDRESS: Catonsville, Md DATE SIGNED: 2/8/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2-9-53 — NAME OF CEMETERY OR CREMATORY: Loudon Park — LOCATION (City, town, or county) (State): Baltimore Maryland

DATE REC'D BY LOCAL REG.: 2-8-53 — REGISTRAR'S SIGNATURE: V. E. Harvey

24. FUNERAL DIRECTOR: MacNabb & Son — ADDRESS: Catonsville

760

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WHITE HALL — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS WHITE HALL ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WHITE HALL
STREET ADDRESS (If rural, give location) WHITE HALL ROAD

3. NAME OF DECEASED (Type or Print): (First) ANNIE (Middle) M. (Last) LYTLE
4. DATE OF DEATH: (Month) FEB. (Day) 2 (Year) 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW
8. DATE OF BIRTH: OCT. 25, 1862
9. AGE last birthday: 90 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: JOHN W. BURNS
14. MOTHER'S MAIDEN NAME: ELIZABETH COOPER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT AND ADDRESS: FAMILY RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Old age

(c)

450.0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to [illegible], 19[illegible], that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible] White Hall Md [illegible]

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL | DATE THEREOF: FEB. 4 1953 | NAME OF CEMETERY OR CREMATORY: WEISBURG CEMETERY | LOCATION (City, town, or county) (State): WEISBURG, BALTO CO., MD.

DATE REC'D BY LOCAL REG. 2-3-53 | REGISTRAR'S SIGNATURE: Mrs Howard S. Markline | 24. FUNERAL DIRECTOR ADDRESS: JOHN BURNS' SONS, TOWSON, MD.

Item 21 Film G151 ams 3-5-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 14yrs. 3mos. 2days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1637 E. North Street

3. NAME OF DECEASED: (Type or Print) (First) Marie (Middle) (Last) Maier

4. DATE OF DEATH: (Month) February (Day) 19, (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 4-14-1907

9. AGE last birthday: 45 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Maier

14. MOTHER'S MAIDEN NAME: Freda Schaub

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Acute cardiac failure	8 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Intestinal obstruction with perforation by ingestion of foreign material	8 hours
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with mental deficiency Years

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Accidental

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) Spring Grove Hosp. Catonsville, Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) unknown M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? Pt. was extremely psychotic and frequently swallowed foreign material of all kinds she could get.

22. I hereby certify that I attended the deceased from 2-10- 19 53, to 2-19- 19 53, that I last saw the deceased alive on 2-19- 19 53, and that death occurred at 12:40 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Ethel B. Hermann-Grau MD ADDRESS Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED 2-19-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF 2/21/53 NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery LOCATION (City, town, or county) Baltimore, Md. (State)

DATE REC'D BY LOCAL REG. 2 [illegible] 53 REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR HENRY SARDER & SONS, INC. ADDRESS BALTO., 13, MD. Henry A. Sarder

VS. A-6 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 31 138

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5 8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Owings Mills, Md.
LENGTH OF STAY (In this place) 1 month&15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood State Training School

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 602 Rappola St.

3. NAME OF DECEASED: (Type or Print) (First) Linda (Middle) Susan (Last) Markwardt

4. DATE OF DEATH: (Month) 2 (Day) 16 (Year) 19 53

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 9-25-50

9. AGE last birthday: 2 yrs

IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Charles Markwardt

14. MOTHER'S MAIDEN NAME: Mary Carmella Tiburzi

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Records - Rosewood State Tr. School

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
473 X Immediate cause (a)	Septicemia	30 hrs.
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)	Acute tonsillitis	4 days
DUE TO		
(c)	Mongolism - Microcephaly	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 31, 19 52 to Feb. 16, 19 53, that I last saw the deceased alive on Feb. 16, 19 53, and that death occurred at 8:45 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Viola B. Johns M.D Rosewood State Tr. School 2-16-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Feb. 19. 1953 NAME OF CEMETERY OR CREMATORY Sacred Heart LOCATION (City, town, or county) Trappe Road (State) Md

DATE REC'D BY LOCAL REG. 2/18/53

REGISTRAR'S SIGNATURE G W Hedrick

24. FUNERAL DIRECTOR WENDELL D. DIPPEL ADDRESS Highland Ave 3125

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0138

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton-Rural; MARYLAND LENGTH OF STAY (in this place) 39 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prettyboy Road.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Parkton; STREET ADDRESS (If rural, give location) Pretty Boy Rd.

3. NAME OF DECEASED (Type or Print): (First) Murriel (Middle) J. (Last) Matthews.

4. DATE OF DEATH (Month) Febr. (Day) 7 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 9 1913

9. AGE last birthday: 39 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Diesel Operator.

10b. KIND OF BUSINESS OR INDUSTRY: Road Construction

11. BIRTHPLACE (State or foreign country): Parkton, Md. R.D

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Arthur G. Matthews.

14. MOTHER'S MAIDEN NAME: Elizabeth Matthews.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-07-5650

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420 1

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1953, to Feb. 7, 1953, that I last saw the deceased alive on Feb. 6, 1953, and that death occurred at 1:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A. M. Frances M.D. Parkton Md. 2/9/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Febr. 10 1953

NAME OF CEMETERY OR CREMATORY: Pine Grove U.B. Cemetery

LOCATION (City, town, or county) (State): Parkton, Balto. Co. Md.

DATE REC'D BY LOCAL REG. 2/9/53

REGISTRAR'S SIGNATURE: Charles T. Fuller

24. FUNERAL DIRECTOR: Jacob Hartenstein

ADDRESS: New Freedom, Pa.

RECEIVED
FEB
BJKLAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]8

CERTIFICATE OF DEATH

Reg. Dist. No. 40 ....

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 2115 McElderry Street

3. NAME OF DECEASED: (Type or Print) (First) LEONARD (Middle) H. (Last) MC CLELLAND
4. DATE OF DEATH: (Month) February (Day) 13 (Year) 19 53

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 4-30-22
9. AGE Last birthday: 30 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Radar Tech.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Statesville, North Carolina
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William
14. MOTHER'S MAIDEN NAME: Olla Dalton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II
16. SOCIAL SECURITY No.: 240-20-2027
17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) PULMONARY EMBOLUS — SUDDEN
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) THROMBOSIS OF LEFT ILIAC AND FEMORAL VEINS — UNKNOWN
DUE TO

(c)

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. CHRONIC DUODENAL ULCER — UNKNOWN

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 5, 19 53, to Feb. 13, 19 53, and that death occurred at 6:55 PM, from the causes and on the date stated above.

[signature] (Degree or title)
WILLIAM B. VANBEGRIFT, M. D.
ADDRESS: VAH, FORT HOWARD, MARYLAND
DATE SIGNED: 2-14-53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal + Burial
DATE THEREOF: 2-19-53
NAME OF CEMETERY OR CREMATORY: Bellmont Cem.
LOCATION (City, town, or county) (State): Statesville, N. C.

DATE REC'D BY LOCAL REGISTRAR: 2/16/53
REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR ADDRESS: Arlington S. Phillips Funeral Home, 1808 N. Monroe Street, Baltimore, Maryland

SHIPPED TO: Peterson & Mangum Funeral Home, Garfield St., Statesville, N. C.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Make correct and especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

01386

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 2006 Wilkins Avenue ✓

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) W. (Last) MC CREADY

4. DATE OF DEATH: (Month) February (Day) 28 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 6-1-28

9. AGE last birthday: 24 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Window Decorator

10b. KIND OF BUSINESS OR INDUSTRY: Retail Drapery

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Frederick McCready

14. MOTHER'S MAIDEN NAME: Dorothy Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: 215-24-7488

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

410X

Immediate cause (a) CEREBRAL EMBOLUS, RIGHT, SECONDARY TO (B) WITH — Interval Between Onset And Death: 6 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) RESULTANT LEFT HEMIPARESIS
RHEUMATIC HEART DISEASE WITH MITRAL STENOSIS AND — Unknown
DUE TO AURICULAR FIBRILLATION
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb.22, 1953, to Feb.28, 19 53 and that death occurred at 1:00 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title): J. A. Paramour M.D.
ADDRESS: VAH, FORT HOWARD, MARYLAND
DATE SIGNED: 2-28-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 3/3/53
NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 3/2/53
REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: Charles P. Towell Funeral Home
ADDRESS: 6411 Windsor Mill Road, Baltimore, Md.

JT

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 01382 5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Rogers Forge
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 402 Murdock Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore - 12 Md
STREET ADDRESS (If rural give location) 402 Murdock Road

3. NAME OF DECEASED: (Type or Print) (First) Lida (Middle) K. (Last) McGlathery
4. DATE OF DEATH: (Month) Feb. (Day) 17 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June 6, 1874
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11 BIRTHPLACE (State or foreign country): Penna.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas McAfee
14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16 SOCIAL SECURITY NO:
17. INFORMANT & ADDRESS: Mr. George N. McGlathery - 402 Murdock Rd. Balto. 12, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
171X
Immediate cause (a) DUE TO Carcinoma of Cervix with extension to bladder — Interval Between Onset And Death 17 months
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c) Uremia due to hypertension, arteriosclerosis and probably ascending infection

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension — 10 yrs.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 5, 1953, to Feb. 17, 1953, that I last saw the deceased alive on Feb. 16, 1953, and that death occurred at 402 Murdock Rd. at 7:30 PM, from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Katherine M. Borkovich M.D. 11 E. Chase St. Baltimore-2. 2-18-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2/20/53
NAME OF CEMETERY OR CREMATORY Parkwood Cem.
LOCATION (City, town, or county) (State) Balto. Md.
DATE REC'D BY LOCAL REGISTRAR 2/19/53
REGISTRAR'S SIGNATURE A. W. Hedgepeth
24. FUNERAL DIRECTOR ADDRESS Wm. J. Tickner & Sons Balto 17, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson; LENGTH OF STAY (in this place) 3yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 4 Burke Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson; STREET ADDRESS (If rural, give location) 4 Burke Avenue

3. NAME OF DECEASED (Type or Print): (First) Joanna; (Middle) E.; (Last) McKenna

4. DATE OF DEATH: (Month) Feb. (Day) 8, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Dec. 12, 1865

9. AGE last birthday: 87 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Michigan

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Richardson

14. MOTHER'S MAIDEN NAME: Hannah Sullivan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No; (If year, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Jerry Mahoney - Towson, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1 Immediate cause (a) Cardiac Failure — Interval Between Onset and Death: 2 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Auricular Febrillation - Chronic — 9 months

(c) Arteria-Sclerotic C-V disease — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/14, 1950, to Feb. 8, 1953, that I last saw the deceased alive on 2/7, 1953, and that death occurred at 6.20 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Jos. A. Sedlack, M.D.

ADDRESS: 200 W. Penna. Ave Towson 4 Md.

DATE SIGNED: 2/9/53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE: Feb. 11, 1953

NAME OF CEMETERY OR CREMATORY: Calvary Cemetery

LOCATION (City, town, or county) (State): Chicago, Illinois

DATE REC'D BY LOCAL REG.: Feb. 9, 1953

REGISTRAR'S SIGNATURE: Mabel C. Gray

24. FUNERAL DIRECTOR: John Burns' Sons, Towson, Md.

ADDRESS:

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore County MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 3306 Willoughby Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville; STREET ADDRESS (If rural give location) 3306 Willoughby Ave. Road

3. NAME OF DECEASED (Type or Print): (First) LOUISE (Middle) MICHEL (Last)

4. DATE OF DEATH: (Month) (Day) (Year) Feb..15..1953 19

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: Mar:17:1861

9. AGE last birthday: 91 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ludwig Döerr "Doerr"

14. MOTHER'S MAIDEN NAME: Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) ********

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs.A.M.Dreifus .3306 Willoughby Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial degeneration + insufficiency. — Interval between onset and death: 11 months

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic type of heart disease with hypertension + Pleurisy and Congestive failure — Several years

(c) Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 17, 19 5?, to Feb 15, 19 53, that I last saw the deceased alive on Feb 15, 19 53 and that death occurred at 11:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) William Michel M.D. ADDRESS 10 S Poplar Street Baltimore Md DATE SIGNED Feb 16/53

23. BURIAL / CREMATION / REMOVAL (Specify): BURIAL

DATE THEREOF: Feb:18:1953

NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery

LOCATION (City, town, or county) (State): Baltimore Maryland

DATE RECD BY LOCAL REG. 2-17-53

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: F. B. Wippert & Son ADDRESS

F.B.WIPPERT & SON 1300 Eutaw Pl 17

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY Balto County — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown Md.
STREET ADDRESS (If rural, give location) -

3. NAME OF DECEASED: (Type or Print) (First) JANE (Middle) Rebecca (Last) Miles

4. DATE OF DEATH: (Month) Feb (Day) 16 (Year) 1953

5. SEX: f

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: June 23 1864

9. AGE Last birthday: 89 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWORD

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel B. Hammett

14. MOTHER'S MAIDEN NAME: Rebecca Hammett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: -

17. INFORMANT & ADDRESS: MR. Joseph Miles - 1814 N. Charles St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

794 X
Immediate cause (a) .....
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Senility
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. S[redacted]

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ✓

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN. 29, 1953, to Feb. 16, 1953, that I last saw the deceased alive on Feb. 15, 1953, and that death occurred at 6:05 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED
Arthur M Hanson M.D. Spring Grove State Hosp. Feb 16, 1953.

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF Feb 18, 1953 — NAME OF CEMETERY OR CREMATORY St Aloysius — LOCATION (City, town, or county) Leonardtown (State) Md

DATE REC'D BY LOCAL REG. 2/16/53 — REGISTRAR'S SIGNATURE V E Harry

24. FUNERAL DIRECTOR Joe C. Mattingley — ADDRESS Leonardtown Md

FEB 18 19
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A15]

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL GRANITE
LENGTH OF STAY (in this place) 4 WEEKS
HOSPITAL OR INSTITUTION OR STREET ADDRESS OLD COURT RD

2. USUAL RESIDENCE (HOME) OF DECEASED- STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - GRANITE - MD
STREET ADDRESS (If rural, give location) OLD COURT RD

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) ELLEN (Last) MILLER
4. DATE OF DEATH (Month) FEB (Day) 8 (Year) 1953

5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH OCT. 29 - 1859 | 9. AGE last birthday 93 yrs. | If under 1 year: Months — Days — | If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY NONE
11. BIRTHPLACE (State or foreign country) GRANITE - BALTO. CO. MD.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME ROBERT THOMAS
14. MOTHER'S MAIDEN NAME JANE MCELVILLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) 1918
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS MRS. ETHEL MCCOMAS - GRANITE MD DAUGHTER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CONGESTIVE HEART FAILURE — 6 MONTHS

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) HYPERTENSIVE C.V. DISEASE — 10 YEARS

(c) SEVERE, GENERALIZED ARTERIOSCLEROSIS

442X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from FEB 1, 1953, to FEB 8, 1953, that I last saw the deceased alive on FEB 8, 1953, and that death occurred at 9:40 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Thomas E. Sheiel M.D. Randallstown Md 2-8-53

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL — DATE THEREOF Feb 11, 1953 — NAME OF CEMETERY OR CREMATORY Harmony Grove — LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS

Dr. C

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Baltimore — Dead on Arrival at — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN VAH, Fort Howard, Md. — LENGTH OF STAY (in this place) D. O. A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 420 W. Hamburg Street

3. NAME OF DECEASED (Type or Print): (First) HARRY — (Middle) (NMI) — MOORE
4. DATE OF DEATH: (Month) February (Day) 18 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 1-5-05
9. AGE Last birthday: 48 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Harry Moore
14. MOTHER'S MAIDEN NAME: Madeshia Woolford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT AND ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
30' Immediate cause	(a) Alcoholism & D.T's	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Exposure	N/K
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☑ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: City Street — (CITY OR TOWN): Baltimore — (COUNTY) — (STATE): Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR? Cold - Exposure

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: W. B. Davis M.D. — (Degree or title): Dep. Med. Ex. — ADDRESS: Dundalk 22 - Md. — DATE SIGNED: 2/18/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 2/24/53 — NAME OF CEMETERY OR CREMATORY: Baltimore National Cemetery — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 2/24/53 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: James A. Hays — ADDRESS: 638 N. Gilmor St. Balto. Md.

VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Washington
LENGTH OF STAY (In this place): Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Green Spring&Smith Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 923 West 33rd. Street ✓

3. NAME OF DECEASED (Type or Print): (First) Hubert (Middle) Lawrence (Last) Morrow, Jr.

4. DATE OF DEATH: (Month) Feb. (Day) 15 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec.29,1929

9. AGE last birthday: 23 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Roofer

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Hubert L. Morrow, Sr.

14. MOTHER'S MAIDEN NAME: Myrtle Mae Biles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): 1948

16. SOCIAL SECURITY NO.: 217 26 3697

17. INFORMANT AND ADDRESS: Wm. Frederick, 923W.33rd.St., Balto, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Broken Neck — Interval Between Onset and Death: 45 min.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b):

(c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Highway — (CITY OR TOWN): Mt. Washington — (COUNTY): Balto. — (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): Feb. 15, '53 1:45 a.m. — INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Passenger in car, car left road, struck tree, deceased partly thrown from car.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: D. D. Caplis. — (Degree or title): Deputy Med. Exam. M.D. — ADDRESS: Reisterstown, Md. — DATE SIGNED: 2-16-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Feb 18 1953 — NAME OF CEMETERY OR CREMATORY: Lorraine Park — LOCATION (City, town, or county) (State): Windsor Mill Road

DATE REC'D BY LOCAL REG.:

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: Austin E. Donovan — ADDRESS: 3818 Roland Ave

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01394

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6844 Dogwood Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
STREET ADDRESS (If rural, give location) 6844 Dogwood Road

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) W. (Last) Mullineaux

4. DATE OF DEATH: (Month) February (Day) 27 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: February 3, 1860

9. AGE last birthday: 93 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired - Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Baltimore County, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joshua Mullineaux

14. MOTHER'S MAIDEN NAME: Anne Nicholson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: No

17. INFORMANT: Mrs. Bertha Mullineaux, Belmont Avenue Woodlawn, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 Immediate cause (a) Congestive Heart Failure — Interval between onset and death: 4 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerotic Heart Disease — 20 Years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 22, 1953, to Feb. 27, 1953, that I last saw the deceased alive on 2/25, 1953, and that death occurred at 5.30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Edwin J. Pierpont, M.D. 8204 Liberty Rd, Balto, Md

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: March 2, 1953 | NAME OF CEMETERY OR CREMATORY: Mt. Olive Cemetery | LOCATION (City, town, or county) (State): Randallstown, Md.

DATE REC'D BY LOCAL REG.: 2/27/53 | REGISTRAR'S SIGNATURE: Ben Redland | 24. FUNERAL DIRECTOR: Phillis Donovan | ADDRESS: 4510 Liberty Heights Ave.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville (Rural) — LENGTH OF STAY (in this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville-(Rural)
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) ELLEN (Middle) M (Last) MYERS.

4. DATE OF DEATH: (Month) Feb (Day) 9 (Year) 1953

5. SEX: F — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow — 8. DATE OF BIRTH: Unknown — 9. AGE last birthday: About 88 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired — 10b. KIND OF BUSINESS OR INDUSTRY: Work. — 11. BIRTHPLACE (State or foreign country): Maryland — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Nace — 14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) No — 16. SOCIAL SECURITY No.: — 17. INFORMANT & ADDRESS: Frank Talbert, Pikesville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) DUE TO: Cerebral Hemorrhage

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO: Hypertension

(c)

Interval Between Onset And Death: 16 days / 4 yrs.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 48, to Feb. 9th, 1953, that I last saw the deceased alive on Feb. 8, 1953, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

SIGNATURE James A. Miller Jr. (Degree or title) — ADDRESS Pikesville Md — DATE SIGNED 2/10/53.

23. BURIAL, CREMATION, REMOVAL? (Specify) Burial — DATE THEREOF Feb 11 1953 — NAME OF CEMETERY OR CREMATORY New Freedom — LOCATION (City, town, or county) York Co (State) Pa

DATE REC'D BY LOCAL REGISTRAR 2-10-53 — REGISTRAR'S SIGNATURE Darey B. Shive — 24. FUNERAL DIRECTOR — ADDRESS Edel & Tipton, Hampstead Md

VS. A15

RECEIVED
FEB 13 1953
U.S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 2 mos. 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Joppa
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) B. (Last) Neary

4. DATE OF DEATH: (Month) (Day) (Year) February 20, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 6-18-1880

9. AGE last birthday: 72 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Owner

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Michael Neary

14. MOTHER'S MAIDEN NAME: Catherine Baylan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ~~Unknown~~ (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420 C

Immediate cause (a) Acute cardiac failure — Interval Between Onset and Death: 5 minutes

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerotic heart disease — Years

DUE TO

(c) Generalized arteriosclerosis — Years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-12-, 1953, to 2-20-, 1953, that I last saw the deceased alive on 2-20-, 1953, and that death occurred at 3.00 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Ethel B Yeremann Grens M.D. Spring Grove State Hospital Catonsville 28 Maryland — 2-20-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Feb. 23, 1953 — NAME OF CEMETERY OR CREMATORY: St. Stephens — LOCATION (City, town, or county) (State): Bradshaw, Balto., Md

DATE REC'D BY LOCAL REG. 2-25-53 — REGISTRAR'S SIGNATURE: V E Harry

24. FUNERAL DIRECTOR — ADDRESS: Howard K. McComas Son Aberdeen Md

Items 11,13,14,17 FilmG151 2/19/55 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18, [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Catonsville
LENGTH OF STAY (in this place) 12 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove St. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 4908 Curtis Ave.

3. NAME OF DECEASED: (First) Mitchell (Middle) (Last) Novak

4. DATE OF DEATH: (Month) 2 (Day) 1 (Year) 19 53

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: ?

9. AGE last birthday: 48 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: unk.

11. BIRTHPLACE (State or foreign country): Balto., Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Novak

14. MOTHER'S MAIDEN NAME: unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Spring Grove St. Hosp.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

023X

Immediate cause (a) Anasarca due to cerebral hemorrhage

DUE TO

Antecedent cause (s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Cerebral C-V Dis.

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Generalized paresis — 12 yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/1/53, 19....., to 2/1/53, 19....., that I last saw the deceased alive on 2/1/53, 19....., and that death occurred at 6:15 A.m., from the causes and on the date stated above.

SIGNATURE Joseph D. Lichtenberg (DEGREE OR TITLE) MD ADDRESS Spring Grove St. Hosp. DATE SIGNED 2/1/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 2-9-53

NAME OF CEMETERY OR CREMATORY Spring Grove State Hospital

LOCATION (City, town, or county) (State) Catonsville 28, Md.

DATE REC'D BY LOCAL REG. 2-9-53

REGISTRAR'S SIGNATURE V E Harry

24. FUNERAL DIRECTOR ADDRESS Spring Grove State Hospital

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 03508

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

1. NAME OF DECEASED (Type or Print): Charles A. Otto

2. DATE OF DEATH: 2.9.53.

3. PLACE OF DEATH: A. Baltimore City, Maryland 205 Midhurst

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Balto.
D. STREET ADDRESS (If rural, give location) 205 Midhurst Rd

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) Last birthday	If under 1 year: Months / Days	If under 24 hours: Hours / Min.
M	W	S.	7-9-1870	82		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
FARMER	Self	Baltimore	

13. FATHER'S NAME: John N. Otto

14. MOTHER'S MAIDEN NAME: Katherine E. Seager

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
No		Family - Same

CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertension C-V-Renal Dis.

DUE TO

(C) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

21B. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 6, 1953 *to* Feb. 9, 1953, *that I last saw the deceased alive on* Feb. 9, 1953, *and that death occurred at* 10A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Charles L. Carr Jr. M.D.	6007 York Rd	2/9/53

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
B.	2.11.53	New Oxford	New Oxford Pa.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
2/11/53	F. W. Hartman	Ford L. McCauley 130 E. Foat Ave.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point
LENGTH OF STAY (in this place) 25 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 307 E. St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point - 19
STREET ADDRESS (If rural, give location) 307 E. St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CHARLES	E.	GEARCE	2	21	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
M	W	MARRIED	3-2-1895	57 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auto Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Engineering Contractor
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: MONROE
14. MOTHER'S MAIDEN NAME: FLORENCE V. McGEE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 216-18-9794
17. INFORMANT AND ADDRESS: Chas. E. Pearce - Jr. Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive Heart Failure	1 year.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Heart disease	12 years
	(c) Arteriolar sclerosis	? 15 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1952, to Feb 20, 1953, that I last saw the deceased alive on Feb 20, 1953, and that death occurred at 2 a m., from the causes and at the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
M.D. 620 Dundalk Ave. Balto 9 2-21-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	2-24-53	MEADOWRIDGE	MD

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR	ADDRESS
Feb. 23 1953	William M. Kelly	Dawson Parker Funeral Home	Dundalk, Md.

57-11-49

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Towson
LENGTH OF STAY (in this place) 27 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 23 East Chesapeake Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson
STREET ADDRESS (If rural give location) 23 East Chesapeake Ave.

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) Barbara (Last) Plageman
4. DATE OF DEATH: (Month) Feb. (Day) 2 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS Hours	Min.
F	W	Widowed	March 17, 1863	89 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Spangler
14. MOTHER'S MAIDEN NAME: Mary Sondergeld

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT & ADDRESS: Daughter - Mrs. Milford Smith; Towson, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: 2 weeks
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Arteriosclerotic cardio-vascular disease — 1 year.
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1945, to Feb., 1953, that I last saw the deceased alive on Feb. 2, 1953, and that death occurred at 9:15 a.m. from the causes and on the date stated above.
SIGNATURE (Degree or title) Elizabeth B. Merrill, M.D.
ADDRESS Cockeysville, Md.
DATE SIGNED 2/2/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Feb. 5 1953
NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.
LOCATION (City, town, or county) (State) Baltimore, Md.
DATE REC'D BY LOCAL REGISTRAR Feb. 3, 1953
REGISTRAR'S SIGNATURE Mabel C. Gray
24. FUNERAL DIRECTOR John Burns Sons, Towson, Md.
ADDRESS

VS. A-15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]40

CERTIFICATE OF DEATH

Reg. Dist. No. ..

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL, TOWSON
LENGTH OF STAY (in this place) 3yrs. 8mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS FUDOWOOD SANATORIUM

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE PENNSYLVANIA COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SCALP LEVEL
STREET ADDRESS (If rural give location) 1003 MAIN ST.

3. NAME OF DECEASED: (Type or Print) (First) JOSEPH (Middle) JAMES (Last) POLONKEY

4. DATE OF DEATH: (Month) FEB. (Day) 22 (Year) 1953

5. SEX: M

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SEPARATED

8. DATE OF BIRTH: MAR. 6, 1917

9. AGE Last birthday: 35 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): MINER

10b. KIND OF BUSINESS OR INDUSTRY: COAL MINES

11. BIRTHPLACE (State or foreign country): PENNSYLVANIA

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: CHARLES POLONKEY

14. MOTHER'S MAIDEN NAME: JULIA BODNAR

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 192-10-4834

17. INFORMANT & ADDRESS: RECORDS FUDOWOOD SANATORIUM.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
442 x
Immediate cause (a) HYPERTENSIVE, CARDIO VASCULAR RENAL DISEASE
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

Interval Between Onset And Death: LONGER THAN 4 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. HEALED MILIARY TUBERCULOSIS, SILICOSIS, TUBERCULOSIS OF THE KIDNEYS BILATERALLY

LONGER THAN 4 yrs.

19a. DATE OF OPERATION: Dec. 1950

19b. MAJOR FINDINGS OF OPERATION Tuberculous Pneumothorax Adhes.

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 7, 1953, to Feb. 22, 1953, that I last saw the deceased alive on Feb. 22, 1953, and that death occurred at 2½ P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Milton B. Krejs M.D. ADDRESS Edmund Ave. DATE SIGNED Feb. 22, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Removal

DATE THEREOF 2/23/53

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State) Windbar, Pa.

DATE REC'D BY LOCAL REGISTRAR 2/23/53

REGISTRAR'S SIGNATURE A. W. Hedrick M.D.

24. FUNERAL DIRECTOR William J. Sizemore Sons ADDRESS North Ave Baltimore, Md

VS. A15-7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Balto
CITY (If outside corporate limits, write RURAL) OR TOWN Futherville
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS York Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Futherville
STREET ADDRESS (If rural, give location) 1336 York Rd.

3. NAME OF DECEASED: (Type or Print) (First) Dora (Middle) [illegible] (Last) Price

4. DATE OF DEATH: (Month) Feb (Day) 28 (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Sept 20, 1869

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Balto Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Miles

14. MOTHER'S MAIDEN NAME: Martha Marks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO:

17. INFORMANT & ADDRESS: Mr. Calvin Price, Futherville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset And Death: 4 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Hypertension - arteriosclerotic cardio-vascular disease — years.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Herpes zoster - clearing — 17 days.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 12, 1953, to Feb 28, 1953, that I last saw the deceased alive on Feb 26, 1953, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Elizabeth B. Averill M.D. ADDRESS Cockeysville, Md. DATE SIGNED 2/28/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 3-3-53 — NAME OF CEMETERY OR CREMATORY Jessops Methodist — LOCATION (City, town or county) Sparks, Balto Co. (State) Md.

DATE REC'D BY LOCAL REGISTRAR 2 March 1953 — REGISTRAR'S SIGNATURE Annie Armistead MacRae

24. FUNERAL DIRECTOR ADDRESS L. Scott Brooks, Sparks, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Catonsville
LENGTH OF STAY (in this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 15
STREET ADDRESS (If rural, give location) 2905 Springfield Ave

3. NAME OF DECEASED: (First) NATHAN (Middle) (Last) RABINOWITZ

4. DATE OF DEATH: (Month) Feb (Day) 2 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 10-29-1912

9. AGE last birthday: 40 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grocer

10b. KIND OF BUSINESS OR INDUSTRY: Grocery Store

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jakob Rabinowitz

14. MOTHER'S MAIDEN NAME: Rebecca

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Pancreatitis Severe Decumbent — Interval between Onset and Death: 2 mo.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Gall Bladder Fistula — 6 wks.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 21, 1953, to Feb 2, 1953, that I last saw the deceased alive on Feb 2, 1953, and that death occurred at 7:50 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Virginia Hopper M.D. Spring Grove Hospital Catonsville Md 2-2-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 2-3-53

NAME OF CEMETERY OR CREMATORY Rosedale

LOCATION (City, town, or county) Balto (State) Md

DATE REC'D BY LOCAL REG. 2-3-53

REGISTRAR'S SIGNATURE T E Harris

24. FUNERAL DIRECTOR ADDRESS

Jack Lewis Inc 2100 Eutaw Pl

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11401

Reg. Dist. No.

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15.

1. PLACE OF DEATH: COUNTY 2007 SMITH AVE LANSDOWN MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne; LENGTH OF STAY (in this place) 5 Months; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LANSDOWNE; STREET ADDRESS (If rural, give location) 2007 SMITH AVE

3. NAME OF DECEASED (Type or Print): (First) ADA (Middle) (Last) RAPAGNA

4. DATE OF DEATH: (Month) FEB. (Day) 7 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: March 20/90

9. AGE last birthday: 62 yrs. If under 1 year: Months 10 Days 17; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY? Italy

13. FATHER'S NAME: Carlo Guerrieri

14. MOTHER'S MAIDEN NAME: Matilde Biasini

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mary Windhaus 378 Mt.Olivet Lane

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

Immediate cause (a) Coronary Thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Dec 1951

19b. MAJOR FINDINGS OF OPERATION: Cancer colon

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1951, to Feb 7, 1953, that I last saw the deceased alive on Feb 7 1953, and that death occurred at 8.30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J McCallum M D 5321 Frederick Rd Balt 29 Md

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Feb. 11 1953

NAME OF CEMETERY OR CREMATORY: New Cathedral Cem.

LOCATION (City, town, or county) (State): Old Frederick Rd. Balt. Md.

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Frank Della Noce ADDRESS: 322 S. High St.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

(0140)

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN final Pikesville — LENGTH OF STAY (in this place) 5
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4110 Bedford Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural give location) 4110 Bedford Rd.

3. NAME OF DECEASED (Type or Print): (First) Suzy (Middle) Sidway Scott (Last) Rawlings

4. DATE OF DEATH: (Month) Feb (Day) 6 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: 26 June 1875

9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: George Banes Sidway

14. MOTHER'S MAIDEN NAME: Marie Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT: Mrs Bertram Swindells 4110 Bedford Rd Pksvle, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic Heart disease — 6 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

420.0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1952, to 6 Feb, 1953, that I last saw the deceased alive on 20 Jan, 1953, and that death occurred at 4 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Paul H Royse M.D. Pikesville Md 6 Feb 53

23. BURIAL, CREMATION, REMOVAL (Specify): removal | DATE THEREOF: 2/7/53 | NAME OF CEMETERY OR CREMATORY: Woodlawn Cem. | LOCATION (City, town, or county) (State): Canandaigua, N.Y.

DATE REC'D BY LOCAL REG.: February 7 1953. | REGISTRAR'S SIGNATURE: R.W.S. | 24. FUNERAL DIRECTOR — ADDRESS: Wm. J. Pickner & Sons Balto. 11, Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Dr. Rollin C. Hudson

VS A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Presbyterian Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson Catonsville; STREET ADDRESS (If rural, give location) ~~Presbyterian Home~~ Delray Ave.

3. NAME OF DECEASED (Type or Print): (First) WILLY (Middle) ANN (Last) REED

4. DATE OF DEATH: (Month) February (Day) 23 (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 7 - 28 - 72

9. AGE last birthday: 80 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Abner M. Reed

14. MOTHER'S MAIDEN NAME: Margaret Stembler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Records, Presbyterian Home - Towson, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4222

Immediate cause (a) Chronic myocarditis & cachexia — Interval Between Onset and Death: 6 yrs +

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic arthritis — Unknown

4918 (c) Influenza — 2 wks

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1952, to 2/23, 1953, that I last saw the deceased alive on 2/23, 1953, and that death occurred at 6.15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or Title): Rollin C. Hudson M.D. ADDRESS: 606 Baltimore Ave., Towson, Md. DATE SIGNED: 2 - 24 - 53

23. BURIAL, CREMATION REMOVAL (Specify): burial; DATE THEREOF: 2 - 25 - 53; NAME OF CEMETERY OR CREMATORY: Loudon Park; LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 2/25/53

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: John O. Mitchell & Sons, Inc. - 1900 Eutaw Place

M B Mitchell

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Notch Cliff near Towson
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Villa Maria Glenarm Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Notch Cliff near Towson
STREET ADDRESS (If rural, give location): Glenarm Rd.

3. NAME OF DECEASED (Type or Print): (First) Sister (Middle) Mary Sabas (Last) Reger

4. DATE OF DEATH: (Month) February (Day) 28 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Jan 12, 1858

9. AGE last birthday: 95 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Religious

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? Germany

13. FATHER'S NAME: Matthias Reger

14. MOTHER'S MAIDEN NAME: Anna Maria Klinkhammer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Sr. Mary Clara Notch Cliff Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Pulmonary Edema	2 Days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Myocardial Degeneration	10 Yrs.
(c)	Arteriosclerosis	20 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 20, 1952, to Feb. 28, 1953, that I last saw the deceased alive on Feb. 10, 1953, and that death occurred at 5:10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Nicholas J. Donnelly MD — ADDRESS: 7501 York Rd, Towson Md 2-2883 — DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3-3-53 — NAME OF CEMETERY OR CREMATORY: Villa Maria Cemetery — LOCATION (City, town, or county) (State): Notch Cliff near Towson Md

DATE REC'D BY LOCAL REG.: 3/4/53 — REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR — ADDRESS: Charles J. Disney 901 S. Conkling St. Balto. 24, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Baltimore
LENGTH OF STAY (in this place) 13 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Box 429 Bucks Sch. House Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Baltimore
STREET ADDRESS (If rural, give location) Box 429 Bucks Sch House Rd.

3. NAME OF DECEASED (Type or Print): (First) Philomena (Middle) Mary (Last) Regester

4. DATE OF DEATH: (Month) Feb (Day) 26 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: April 11, 1903

9. AGE last birthday: 49 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mr. John Petersam

14. MOTHER'S MAIDEN NAME: Philomena Nyth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mr. John Regester (Husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420.1 Immediate cause	(a) Pulmonary edema	2 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary heart disease with	7 Yrs.
	(c) severe myocardial damage	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hepatomegaly

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1952, to Feb, 1953, that I last saw the deceased alive on 23 Feb, 1953, and that death occurred at 4:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature illegible] 6701 Belair Rd. Feb 24, 53

23. BURIAL, CREMATION REMOVAL (Specify): burial | DATE THEREOF: Mar. 2, 1953 | NAME OF CEMETERY OR CREMATORY: St. Josephs Catholic | LOCATION (City, town, or county) (State): Fullerton Md.

DATE REC'D BY LOCAL REG.: Feb. 27, 1953 | REGISTRAR'S SIGNATURE: Mrs. G. L. Ruffner | 24. FUNERAL DIRECTOR: Kavanaugh Funeral Home | ADDRESS: 7401 Belair Rd.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01408

CERTIFICATE OF DEATH

Reg. Dist. No. 30

VS. A1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: Catonsville
LENGTH OF STAY (in this place): 77 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 422 Ingleside Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Catonsville 28
STREET ADDRESS (If rural give location): 422 Ingleside Ave.

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) M. (Last) Reich

4. DATE OF DEATH: (Month) 2 (Day) 23 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 4-29-1875

9. AGE last birthday: 77 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Wessling

14. MOTHER'S MAIDEN NAME: Not Known

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Miss Mamie Reich

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

42 - 1

Immediate cause (a) Acute pulmonary edema — Interval Between Onset And Death: 15-20 minutes

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) arteriosclerotic cardiovascular disease — 4-5 years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1948, to Feb 23, 1953, that I last saw the deceased alive on Feb 17, 1953, and that death occurred at 12:55 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): John A Stabbert Jr. M.D.
ADDRESS: 1116 St Paul St - Balt. 2, Md.
DATE SIGNED: Feb 25, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 2-26-53
NAME OF CEMETERY OR CREMATORY: Salem Cemetery
LOCATION (City, town, or county) (State): Catonsville, Md.

DATE REC'D BY LOCAL REGISTRAR: 2/24/53
REGISTRAR'S SIGNATURE: V E Harry

24. FUNERAL DIRECTOR: MacNabb & Son
ADDRESS: Catonsville

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH: BALTIMORE
County
City or town: Woodlawn
(If outside city or town limits, write RURAL and give nearest town)
How long in above place at death? 31 years
Hospital, institution, or street address where death occurred: 2211 St. Lukes Lane
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: Woodlawn
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 2211 St. Lukes Lane
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: PAUL JOHN REICH

3.(b) Social Security Number

4. Sex: Male
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Married
6.(b) Name of husband or wife: Mrs. Anna Reich
6.(c) If alive, give age: 52 years
7. Birth date of deceased (mo., day, yr.): November 21, 1877
8. AGE: Years: 75 Months: Days: If less than one day: hrs. min.
9. Birthplace: Germany (Town, county, and state)
10. Usual occupation: Farmer - Owner
11. Industry or business: Farming

MOTHER FATHER

12. Name: Jacob John Reich
13. Birthplace: Germany
14. Maiden name: Babetta Weidt
15. Birthplace: Germany

16. Informant: Mrs Anna Reich
Address: 2211 St Lukes Lane, Woodlawn, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb. 17/53 (month) (day) (year)
Cemetery or crematory: Western
Location: Baltimore, Maryland
18. Funeral director: Harry A. Little
Address: 4101 Edmondson Ave.
19. 2/16/53 (Date rec'd by registrar) A. W. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 13, 1953 at 10 10 P.M.
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from March 1952 to February 1953 and that I last saw h.i.m. alive on February 13 1953

Immediate cause of death: Malignant Lymphoma — DURATION: 4 years
Due to: S.e.e.2
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings of operations: Malignant Lymphoma — Date of op.: March 28, 1952
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Neither — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Millard T. Traband M.D. (M.D. or other)
Address: 3400 Woodbine Ave. Balt. Md. Date signed: 2/13/53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Where correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

2410

Reg. Dist. No. 43

1. PLACE OF DEATH: COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; MARYLAND; LENGTH OF STAY (in this place) 30 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 6 Fuller Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STREET ADDRESS (If rural give location) 6 Fuller Ave

3. NAME OF DECEASED (Type or Print): (First) Arthur (Middle) L (Last) Reifsnider

4. DATE OF DEATH: (Month) Feb (Day) 15 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Marr'd

8. DATE OF BIRTH: April 14 1878

9. AGE last birthday: 74 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist

10b. KIND OF BUSINESS OR INDUSTRY: Gen'l. Business

11. BIRTHPLACE (State or foreign country): Carroll Co

12. CITIZEN OF WHAT COUNTRY?: U S A.

13. FATHER'S NAME: Wm J. Reifsnider

14. MOTHER'S MAIDEN NAME: Emma Merritt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT: Mrs C L Reifsnider 6 Fuller Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive - arteriosclerotic Heart Disease — Interval Between Onset and Death: 10 yr.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 7, 1946 to Feb. 15, 1953, that I last saw the deceased alive on Feb. 15, 1953, and that death occurred at 11:15 a.m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

Adam Lewis, M.D. 6232 Belair Rd Feb. 16, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 2/18/53 | NAME OF CEMETERY OR CREMATORY Maryland Memorial Park Cem | LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REG. Feb. 17 1953 | REGISTRAR'S SIGNATURE Mrs. G. L. Reifsnider | 24. FUNERAL DIRECTOR | ADDRESS

Lansdale Funeral Home 7401 Belair Rd

FEB 24 1953
BUREAU V, S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

0141

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH — COUNTY: Balto. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodlawn — LENGTH OF STAY in this place: 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1809 Summit Ave

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Same
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) E. (Last) Reinhardt
4. DATE OF DEATH: (Month) Feb (Day) 19 (Year) 53
5. SEX: Fem.
6. COLOR OR RACE: White.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: MAY 12 1892
9. AGE last birthday: 60 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WORK
10b. KIND OF BUSINESS OR INDUSTRY: AT HOME.
11. BIRTHPLACE (State or foreign country): BALTIMORE, MD.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: LORENZ WOPPMAN
14. MOTHER'S MAIDEN NAME: EMMA VATER.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: Mrs. J. REINHARDT SAME.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Coronary occlusion. — Interval between onset and death: Unknown

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cystic Vascular Heart disease — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN):
(COUNTY):
(STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour): 2 19 53 7:30 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Fall.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Clarmine M. D. — ADDRESS: Deputy Medical Examiner Balto. Co. Dundalk 2 Md. — DATE SIGNED: 2/19/53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF: 2-22-53
NAME OF CEMETERY OR CREMATORY: HOLY REDEEMER CEM.
LOCATION (City, town, or county) (State): 3430 BELAIR RD BALTO. MD

DATE REC'D BY LOCAL REG.: 2/20/53
REGISTRAR'S SIGNATURE: (Mrs.) [illegible]
24. FUNERAL DIRECTOR: Charles J. Tilp
ADDRESS: 901 S. CONKLING ST BALTO., 24, MD.

VS-715A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

62334

Reg. Dist. No. 11

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be sure correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Balto — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md — COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk
STREET ADDRESS (If rural, give location): 2402 Kenwood

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Paul	Richard	Riedrich	Feb	7	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Male	White	married	July 23 1887	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Machinist	Bell Aircraft	Germany	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
August Riedbrich	Dont Know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Mrs Alma Riedbrich 2402 Kenwood

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X Immediate cause (a) Carcinoma of the breast with metastases to skin and ribs — Interval Between Onset and Death: 4 yrs, 3 mo.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

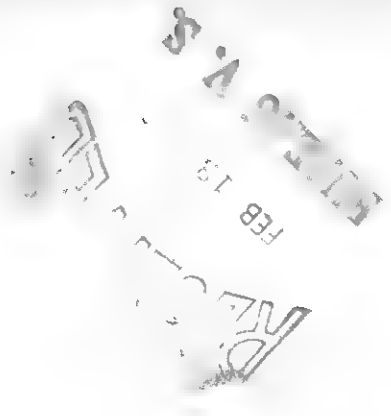
TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Nov, 1948, to 7 Feb, 1953, that I last saw the deceased alive on 7 Feb, 1953, and that death occurred at 9:50 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H W Talbot	M.D.	2900 Dundalk Ave. Dundalk-22-Md.	9 Feb. 1953

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	2/11/53	Oak Lawn	Balto.	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb 11 - 1953	William M Kelly	Wilhelm Horn	2112 Dundalk Ave



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0141

Reg. Dist. No. 42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Halethorpe
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1250 Francis Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Baltimore — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Halethorpe
STREET ADDRESS (If rural, give location): 1250 Francis Avenue

3. NAME OF DECEASED (Type or Print): (First) Mrs. Violet (Middle) E. (Last) Ring (RING)

4. DATE OF DEATH: (Month) 2 (Day) 17 (Year) 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: August 24, 1890

9. AGE last birthday: 62 yrs.

If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Relay, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Zebedee Householder

14. MOTHER'S MAIDEN NAME: Georgia V. Lusby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mr. D. Zimmerman Ring, Jr. 1250 Francis Ave. Halethorpe, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardio Vascular Hypertensive Disease	5 Yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) C. Arteriosclerosis	2 yrs
	(c) Sudden death - probably embolic	few minutes

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19 ..., to Feb 7, 19 53, that I last saw the deceased alive on Feb 6, 19 53, and that death occurred at 9 m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Interim U. Baker

ADDRESS: 1014 Frances Ave Balto 27 Md

DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 2-10-1953

NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: FEB 11 1953

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: Wm. J. Tuckner & Son Inc

ADDRESS: Balto Md

Dr. Geo. A. M. Tuckner

Item 9 FilmG151 2/19/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01413

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY Baltimore — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point — HOSPITAL OR INSTITUTION OR STREET ADDRESS — MARYLAND — LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point Md — STREET ADDRESS (If rural, give location) 718 5th Street

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Thomas (Last) Robinson

4. DATE OF DEATH: (Month) February (Day) 17th (Year) 53

5. SEX: M

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: March 1st 1865

9. AGE last birthday: 87 — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Steel Mills

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Benjamin Thomas Robinson

14. MOTHER'S MAIDEN NAME: Malinda Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unknown

16. SOCIAL SECURITY NO.: 214-10-0108A

17. INFORMANT AND ADDRESS: Charles Robinson 1127 Druid Hill Ave Baltimore, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592+ Immediate cause (a) Cerebral apoplexy — Interval between onset and death: 1 hr

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertension, Paranoia & Chronic Interstitial nephritis — Interval between onset and death: unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) — INJURY

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1952, to February 17th 1953 that I last saw the deceased alive on February 15th 1953 and that death occurred at 1.05 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. N. Thomas MD — ADDRESS 107 N. Main St Butler Pa — DATE SIGNED 2/17/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2-21-53 — NAME OF CEMETERY OR CREMATORY: Mt Calvary — LOCATION (City, town, or county) (State): A. A. Co. Md.

DATE REC'D BY LOCAL REG.: 2/19/53 — REGISTRAR'S SIGNATURE: A. W. Redrick — 24. FUNERAL DIRECTOR — ADDRESS: Daniel W. Sullivan Jr Balto

DWR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 1634 W. Fayette St.,

3. NAME OF DECEASED: (First) MILTON (Middle) N. (Last) ROBINSON

4. DATE OF DEATH: (Month) February (Day) 1 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3/27/22

9. AGE last birthday: 30 yrs. IF UNDER 1 YEAR: Months | Days IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): clerk

10b. KIND OF BUSINESS OR INDUSTRY: Laborer

11. BIRTHPLACE (State or foreign country): Richmond, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Robinson

14. MOTHER'S MAIDEN NAME: Nellie Wade

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes (If Yes, give war or dates of service): WW II

16. SOCIAL SECURITY No.: 230-03-5317

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) HYPERTENSIVE CARDIOVASCULAR DISEASE

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

Interval Between Onset And Death: UNKNOWN

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 27, 1953, to Feb. 1, 1953 and that death occurred at 5:55 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title): WILLIAM B. VANDEGRIFT, M. D.

ADDRESS: VAH, FORT HOWARD, MARYLAND

DATE SIGNED: 2-2-53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF:

NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery

LOCATION (City, town, or county) (State): Richmond, Virginia

DATE REC'D BY LOCAL REGISTRAR: 2/3/53

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: Arlington S. Phillips Funeral Home, 1808 N. Monroe St., Baltimore Maryland

ADDRESS:

SHIP TO: C. P. Hayes Funeral Home, 727 N. 2nd St., Richmond, Va.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

(2)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 19 11

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Woodlawn
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Timanus Lane, Woodlawn 7

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodlawn. 7.
STREET ADDRESS (If rural, give location): Timanus Lane, Woodlawn 7.

3. NAME OF DECEASED: (Type or Print) (First) Minnie (Middle) M. (Last) Rosendale

4. DATE OF DEATH: (Month) Feb (Day) 22 (Year) 19 53

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb. 4, 1891

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Woodlawn
Mrs John McElroy, Timanus Lane #7. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
443X Immediate cause	(a) Cerebrovascular accident	7 monies
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Hypertensive Cardiovascular disease	15 years
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 19 46, to Feb. 22, 19 53, that I last saw the deceased alive on Feb. 16, 19 53, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Kennard Yaffe M D. 701 W. Baltimore St. Balto 24 Md. 2-24 53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Feb. 25/53
NAME OF CEMETERY OR CREMATORY: New Cathedral
LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG.: 2/24/53
REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR ADDRESS: 4101 Edmondson Ave.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0141

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gail Sanfield Rd. Balto., 7, Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Augsburg Lutheran Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto.
STREET ADDRESS (If rural, give location) 2336 Edmondson Ave.

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) A. (Last) RUPPERT
4. DATE OF DEATH: (Month) FEB. (Day) 20 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Feb. 12, 1872
9. AGE last birthday: 81 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: --
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward F. Smith
14. MOTHER'S MAIDEN NAME: Annie A. Lemley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mr. Albert C. Smith-2604 Roslyn Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute congestive cardiac failure — Interval between onset and death: 5 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Cerebral Sclerosis — Interval between onset and death: many years
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-20, 1953, to 2-20, 1953, that I last saw the deceased alive on 2-20, 1953, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Edward F. Yeaman 2407 Garrison Blvd Baltimore 7-d

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 2/23/53
NAME OF CEMETERY OR CREMATORY: Woodlawn Cem.
LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE REC'D BY LOCAL REG. 2/23/53
REGISTRAR'S SIGNATURE: A. W. Bedrick M.D.
24. FUNERAL DIRECTOR: W. J. Sidener & Sons
ADDRESS: Balto 17, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

(1)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Baltimore County MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riderwood; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Ellenham & Joppa Roads

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riderwood; STREET ADDRESS (If rural, give location) Ellenham & Joppa Roads

3. NAME OF DECEASED (Type or Print): (First) May (Middle) Samuels (Last)

4. DATE OF DEATH: (Month) (Day) (Year) 2/24/53 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Sept. 24 1866

9. AGE last birthday: 86 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Patrick Samuel

14. MOTHER'S MAIDEN NAME: Mary A. ------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Edith Guillott, 913 Coleridge Rd Catonsville 28, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450...

Immediate cause (a) Terminal Bronchopneumonia — Interval Between Onset and Death: 48hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Congestive Heart Failure — 2 Months

(c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1946, to 22 Feb. (Feb), 1953, that I last saw the deceased alive on 21 Feb., 1953, and that death occurred at 5 to 7 a.m., from the causes and on the date stated above.

SIGNATURE: R.W. Allen (Degree or title) M.D. ADDRESS 4 York Rd. Towson Balto. Md. DATE SIGNED 23 Feb. 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Feb. 25/53 — NAME OF CEMETERY OR CREMATORY: New Cathedral — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 2/23/53 — REGISTRAR'S SIGNATURE: A. F. Hedrich M.D. — 24. FUNERAL DIRECTOR: Harry A. Luetzke — ADDRESS: 4101 Edmondson Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 11

PLACE OF DEATH:

COUNTY: Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Fort Howard

LENGTH OF STAY (in this place): 4 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore

STREET ADDRESS (If rural give location): 2756 Pelham Avenue

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
JOHN	G.	SCHAEFER	February 25 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS: Hours / Min.
Male	White	Divorced	2-16-08	45 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Building material salesman		Baltimore, Maryland	U. S. A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John M. Schaefer	Barbara Falck

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
Yes WW II	213-03-3185	Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154 X

Immediate cause (a) CARCINOMA OF RECTUM — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: UNKNOWN

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb.21, 1953, to Feb.25, 1953, [redacted] and that death occurred at 10:30 PM, from the causes and on the date stated above.

(Signature) (Degree or title) — ADDRESS — DATE SIGNED

WILLIAM B. VANDEGRIFT, M. D. — VAH, FORT HOWARD, MARYLAND — 2-26-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/2/53	Sacred Heart Cemetery	Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 3/2/53 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR ADDRESS: John A. Moran Fumeral Home 4201 York Rd. Baltimore, Md.

MD

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully—The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 33 Bishop Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
STREET ADDRESS (If rural, give location): 33 Bishop Lane

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) R. (Last) Schatz

4. DATE OF DEATH: (Month) 2 (Day) 5 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2-[illegible]-1883

9. AGE last birthday: 70 yrs.
If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Nicholas Stumpf

14. MOTHER'S MAIDEN NAME: Christina Rossman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Herbert L. Camron

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

491x

Immediate cause (a) [illegible] — [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio [illegible] — [illegible]

(c) Senile [illegible]

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible] 19[illegible], to 2-5 19[illegible], that I last saw the deceased alive on 2-5 19[illegible], and that death occurred at 5:30 p.m., from the causes and on the date stated above.

SIGNATURE: [illegible] (Degree or title) ADDRESS: [illegible] DATE SIGNED: [illegible]

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 2-[illegible]-53

NAME OF CEMETERY OR CREMATORY: New Cathedral

LOCATION (City, town, or county) (State): Baltimore Maryland

DATE REC'D BY LOCAL REG. 2-8-53

REGISTRAR'S SIGNATURE: V. E. Berry

24. FUNERAL DIRECTOR: MacNabb & Son — ADDRESS: Catonsville

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. . . . .

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1513 York Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville
STREET ADDRESS (If rural give location) 1513 York Road

3. NAME OF DECEASED: (Type or Print) (First) KATHERINE (Middle) B. (Last) SCHMITT

4. DATE OF DEATH: (Month) Feb. (Day) 20 (Year) 19 53

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Jan. 17, 1870

9. AGE last birthday: 83 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Christian Schmitt

14. MOTHER'S MAIDEN NAME: Katherine Nenstiel

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) none (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Mrs. Hilda Haines-910 W. Lake Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.1 (a) Coronary Heart Disease DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis DUE TO (c) Hypertension

Interval Between Onset And Death: 6 days unk unk.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/3, 1953, to 2/20, 1953, that I last saw the deceased alive on 2/19, 1953, and that death occurred at 3:55 AM from the causes and on the date stated above.
SIGNATURE (Degree or title) Emmett A. Stoen M.D ADDRESS Lutherville, DATE SIGNED 2-20-53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 2/23/53 NAME OF CEMETERY OR CREMATORY Balto. Cem. LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REGISTRAR February 21 1953 REGISTRAR'S SIGNATURE R.W.

24. FUNERAL DIRECTOR: Wm. J. Tschiegner & Sons ADDRESS Balto. 17, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-7

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Relay
LENGTH OF STAY (in this place) 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5130 Rolling Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Relay
STREET ADDRESS (If rural, give location) 5130 Rolling Road

3. NAME OF DECEASED (Type or Print): (First) ARMANELLA (Middle) HAMMOND (Last) SCHRINER
4. DATE OF DEATH: (Month) February (Day) 9 (Year) 1953

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: March 4, 1874
9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Anne Arundel County, Md.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: John T. Hammond
14. MOTHER'S MAIDEN NAME: Camsadel Shipley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Miss Louise Schriner 5130 Rolling Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary disease — 1 mo.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General arterio sclerosis - C Mental deterioration — 6 mos.

(c) Senile Psychosis - benign — 4 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 19 53, to Feb 9 , 19 53, that I last saw the deceased alive on Feb 30th 1952 and that death occurred at 4' m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frederic J. Seitler, M.D. — ADDRESS Medical Arts Bldg., Baltimore — DATE SIGNED 2 - 10 - 53

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 2 - 11 - 53 — NAME OF CEMETERY OR CREMATORY Cedar Hill — LOCATION (City, town, or county) (State) Brooklyn, Maryland

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS John O. Mitchell & Sons, Inc.-1900 Eutaw Place Baltimore, Md.

M B Mitchell

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01421

CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY BALTIMORE — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3009 DUNRAN RD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
STREET ADDRESS (If rural, give location) 3009 DUNRAN RD

3. NAME OF DECEASED (Type or Print): (First) ANNA (Middle) (Last) SCHULTZ

4. DATE OF DEATH: (Month) FEB (Day) 5 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: OCT. 9 1878

9. AGE last birthday: 74 yrs. — If under 1 year: Months. Days. — If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): GERMANY

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT: MRS. GEO. STONE 3009 DUNRAN AV

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Congestive Failure — Interval between onset and death: 1 month

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Coronary Artery Disease — 10 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1952, to Feb, 1953, that I last saw the deceased alive on Feb 5, 1953, and that death occurred at 11:22 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Odell Handler — ADDRESS 2900 Dunmen Rd — DATE SIGNED Feb 6 '53

23. BURIAL, CREMATION / REMOVAL (Specify): REMOVAL — DATE: FEB 6 - 1953 — NAME OF CEMETERY OR CREMATORY: BALDWIN — LOCATION (City, town, or county) (State): STEELTON - PA

DATE REC'D BY LOCAL REG.: Feb. 6 - 1953 — REGISTRAR'S SIGNATURE: William M. Kelly

24. FUNERAL DIRECTOR — ADDRESS: ULRICH FUNERAL HOME 2112 DUNDALK

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 11-22

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1 PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Halethorpe~~ Lansdowne
LENGTH OF STAY (in this place) 6 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2611 Hammonds Ferry Rd

2 USUAL RESIDENCE (HOME) OF DECEASED: STATE Balto COUNTY ~~Md~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Halethorpe~~ Lansdowne
STREET ADDRESS (If rural give location) 2611 Hammonds Ferry Rd

3 NAME OF DECEASED: (First) PETER (Middle) JAMES (Last) SELF (Type or Print)
4. DATE OF DEATH: (Month) Feb (Day) 10 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS Hours / Min.
M	W	M	April 29, 1881	71 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): foundry Worker
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Jasper L. J.
14. MOTHER'S MAIDEN NAME: Mary Murph

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes	705-03-9351	Wife - 2611 Hammonds Ferry Rd - Balto 21

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

45 (1)
Immediate cause (a) Heart failure
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) arteriosclerosis
DUE TO
260X (c)

Interval Between Onset And Death: 10 days

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: diabetes — 6 yrs

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour)
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 5 ..., 1947, to Feb 10, 1953, that I last saw the deceased alive on 9 Feb, 1953, and that death occurred at 3:45 AM, from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED 2/13/53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF: 2/13/53
NAME OF CEMETERY OR CREMATORY: MEADOWRIDGE MEMORIAL PARK
LOCATION (City, town, or county) (State): BALTIMORE MARYLAND
DATE REC'D BY LOCAL REGISTRAR: 2/16/53
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ADDRESS: Joseph Timberlake 1328 Sulphur Spring Rd

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0142?

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Larchmont — LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Larchmont
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2509 Poplar Drive	STREET ADDRESS (If rural, give location) 2509 Poplar Drive

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
[illegible]	Frank	Sener	February	24	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	[illegible]	Aug. 20, 1886	66 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Part-time Duel Clerk	Race Tracks	Lancaster, Pa.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John B. Sener	Susan A. Killion

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	213-26-0779	Mrs. Vivien K. Sener, 2509 Poplar Drive Larchmont,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Advanced Arteriosclerotic cardio-vascular disease with myocardial degeneration,	Indefinite
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) and failure	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Emphysema, Chronic	Indefinite

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 11 Nov., 1949, to 24 Feb., 1953, that I last saw the deceased alive on 24 Feb., 1953, and that death occurred at 4.15 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Emil H. Hennig Jr	M.D	601 Winans Way	25 Feb 53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 26, 1953	Woodlawn Cemetery	Woodlawn, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/27/53	[illegible]	Allen Amoreau	4510 Liberty Heights Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11421

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Harford; STATE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 29 Fort Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE; COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard; STREET ADDRESS (If rural, give location) 29 Fort Ave.

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) Jane (Last) Sheffler

4. DATE OF DEATH: (Month) Feby (Day) 27 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: June 5 1885

9. AGE last birthday: 67 yrs. If under 1 year: Months; If under 24 hrs.: Days; Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Waynesboro Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Morganthall

14. MOTHER'S MAIDEN NAME: Mary M Mathias

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown); (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Edith Miller 29 Fort Ave Fort Howard

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
262.0 Immediate cause	(a) Acute Coronary Insufficiency	3 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Thyrotoxic Heart Disease	8 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION; 19b. MAJOR FINDINGS OF OPERATION; 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1953, to Feb. 27, 1953, that I last saw the deceased alive on Feb 27, 1953, and that death occurred at 10:12 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James T. Dean M.D.; ADDRESS 520 D St. Sp Pt Md; DATE SIGNED 2/28/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE Mar 3 1953; NAME OF CEMETERY OR CREMATORY Parkwood; LOCATION (City, town, or county) Parkville Md (State)

DATE REC'D BY LOCAL REG. 3-3-53; REGISTRAR'S SIGNATURE; 24. FUNERAL DIRECTOR Harry H Armacost; ADDRESS 4204 Ridgewood Ave

VS-A1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 670 Military Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 11,510 Regnid Drive

3. NAME OF DECEASED (Type or Print) (First) Estella (Middle) (Last) Shober

4. DATE OF DEATH (Month) Feb. (Day) 23 (Year) 1953

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH 8/8/94 | 9. AGE last birthday 58 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None (never worked)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Covington, Ky.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William H. Shober
14. MOTHER'S MAIDEN NAME Elizabeth Baltz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mr. David A. Shober, 11,510 Regnid Drive Silver Spring, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
170X	Immediate cause	(a) Coronary Thrombosis	1 day
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of breast, lt	3 mos.
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1952, to 2-23-53, 1953, that I last saw the deceased alive on 2-22-53, 1953, and that death occurred at 4 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Paul H Royal	M D	Pikesville 8 Md	2-23-53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/26/53	Glenwood Cemetery	Washington, D. C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-26-53	Dr Ed Mehal	Lucian Lamotte	8434 Georgia Ave. Silver Spring, Maryland

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
LENGTH OF STAY (in this place) 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4609 Ridge Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY W. Mary
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tall Timbers, Md
~~STREET~~ ADDRESS (If rural give location) Tall Timbers, Md

3. NAME OF DECEASED: (Type or Print) (First) CATHRINE (Middle) ELIZABETH (Last) SHORTER
4. DATE OF DEATH: (Month) Feb (Day) 28 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid.
8. DATE OF BIRTH: July 29, 1856
9. AGE last birthday: 96 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S

13. FATHER'S NAME: Thomas Bell
14. MOTHER'S MAIDEN NAME: Charlotte Beall

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No. no
17. INFORMANT & ADDRESS: Mrs Russell - 4609 Ridge Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
150.0
Immediate cause (a) ..... Heart failure
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) .... Arteriosclerosis
DUE TO
(c)

Interval Between Onset And Death: 1 month / ? years

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg, etc.) none
(CITY OR TOWN) none (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 15 Jan, 1953, to 28 Feb, 1953, that I last saw the deceased alive on 27 Feb, 1953, and that death occurred at 10:15 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
William Goodman M.D. 1334 Belvedere Spring Rd 28 Feb 53

23. BURIAL, CREMATION, REMOVAL, (Specify) Buried
DATE THEREOF 3/3/53
NAME OF CEMETERY ~~OR CREMATORY~~ Meadowridge Park
LOCATION (City, town, or county) (State) Dorsey Maryland
DATE REC'D BY LOCAL REGISTRAR 3/2/53
REGISTRAR'S SIGNATURE W W H Lewis
24. FUNERAL DIRECTOR Pollo Inc. ADDRESS 1217 St. Paul St.

VS. A15

1 7

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01427

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Shawan Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
STREET ADDRESS (If rural, give location) Shawan Road

3. NAME OF DECEASED (Type or Print): (First) Masch (Middle) (Last) Simpson
4. DATE OF DEATH: (Month) February (Day) 3 (Year) 1953

5. SEX: male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: April 4, 1899
9. AGE last birthday: 53 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Laborer
11. BIRTHPLACE (State or foreign country): Orange County Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Horace Simpson
14. MOTHER'S MAIDEN NAME: Annie P.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: 220-32-3630
17. INFORMANT AND ADDRESS: wife - same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia - lobar

490X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

INTERVAL BETWEEN ONSET AND DEATH: 3 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1950, to Feb, 1953, that I last saw the deceased alive on 2 February 1953, and that death occurred at 8:15 P m., from the causes and on the date stated above.

SIGNATURE: Walter T. Kees (Degree or title) M. D. ADDRESS: Cockeysville Md DATE SIGNED: 3 Feb. 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 2-7-53
NAME OF CEMETERY OR CREMATORY: Mt. Joy Methodist
LOCATION (City, town, or county) (State): Monkton, Md.

DATE REC'D BY LOCAL REG.: 5 Feb 53
REGISTRAR'S SIGNATURE: Anna Armistead R.
24. FUNERAL DIRECTOR: J. Scott Brooks
ADDRESS: Sparks, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 12

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Balto — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn Ischeam — LENGTH OF STAY (In this place) MARYLAND — HOSPITAL OR INSTITUTION OR STREET ADDRESS 6407 Liberty Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn Ischeam — STREET ADDRESS (If rural, give location) 6407 Liberty Rd

3. NAME OF DECEASED (Type or Print): (First) Luther (Middle) C (Last) Smith

4. DATE OF DEATH: (Month) July (Day) 25 (Year) 19 53

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Nov 9 187x

9. AGE last birthday: 80 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Balto Co Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Smith

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs Grace A Connelly

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Suffocation.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Eating food, obstruction in

(c) swallowing choking in swallowing.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: home — (CITY OR TOWN) Ischeam — (COUNTY) Balto — (STATE) Md

TIME (Month) (Day) (Year) (Hour) OF INJURY: July 25 53 5 to p.m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR? Eating supper in swallowing food Caused choking.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Jas M Kiefer Jr MD Deputied Balto Co 1010 Leadenhall July 25 53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 2-28-53 — NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery — LOCATION (City, town, or county) (State): Woodlawn Md.

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS: Ellsworth Armacost — 3600 Liberty Heights Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE—WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 611 W. Baltimore Street

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) V. (Last) SMITH

4. DATE OF DEATH: (Month) February (Day) 4 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 4-16-94

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: unknown

11. BIRTHPLACE (State or foreign country): New Brunswick, N. J.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Smith

14. MOTHER'S MAIDEN NAME: Mary A. MacIntyre

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 578-14-8522

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

241

		Interval Between Onset And Death
Immediate cause	(a) COR PULMONALE WITH DECOMPENSATION	UNKNOWN
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO PULMONARY EMPHYSEMA	UNKNOWN
	(c) DUE TO BRONCHIAL ASTHMA	UNKNOWN

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Feb. 2. ,19 53, to Feb. 4 , 19 53 , [illegible] and that death occurred at 9:30 AM . . , from the causes and on the date stated above.

SIGNATURE (Degree or title): IRVING FREEMAN, M. D., ACTING CHIEF, MEDICAL SERVICE, VAH, FT. HOWARD, MD.

ADDRESS:

DATE SIGNED: 2-6-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 2-9-53

NAME OF CEMETERY OR CREMATORY: Dan. [illegible] - Funeral Home

LOCATION (City, town or county) (State):

DATE REC'D BY LOCAL REGISTRAR: 2/9/53

REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: Howard Blight Funeral Home

ADDRESS: 6009 Harford Rd. Baltimore 14, Md.

Howard T. Blight

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1953

CERTIFICATE OF DEATH

Reg. Dist. No. ...

1. NAME OF DECEASED (Type or Print): CHARLES W. SOPER

2. DATE OF DEATH: Feb. 11, 1953

3. PLACE OF DEATH: A ~~Baltimore City,~~ Maryland Ridgewood Balto Co

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1007 Beechfield Ave.

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Balto
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Baltimore~~ Ridgewood
D. STREET ADDRESS (If rural, give location): 1007 Beechfield Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
male	white	married	July 11, 1881	71		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
painter	self employed	Maryland	

13. FATHER'S NAME: Edward Soper

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
no			Miss Helen Soper - 1007 Beechfield Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

DUE TO

ANTECEDENT CAUSES 422.1

(B) Arteriosclerotic C. V. Disease — 10 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 7, 1953 *to* Feb 11, 1953 *that I last saw the deceased alive on* Feb 11, 1953 *and that death occurred at* 4.30 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Wm. F. Coakley M. D.	420 Wilkens Ave	2/13/53

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	2/14/53	Loudon Park Cem.	Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Feb 13 53	[illegible]	Wm. J. Pickerel & Sons	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNG INK. Every item of information should be carefully supplied. T correct age is especially important. Ens: please write the causes of death clearly and legibly.

IN RESERVED FOR BINDING

VS A15 7

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 7X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY: Baltimore | MARYLAND | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard | LENGTH OF STAY (In this place): 5 minutes

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland | COUNTY | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore | STREET ADDRESS (If rural, give location): 18 W. Lee Street

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) G. (Last) SPARKS

4. DATE OF DEATH: (Month) February (Day) 25 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-4-22

9. AGE last birthday: 30 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Molder

10b. KIND OF BUSINESS OR INDUSTRY: Steel

11. BIRTHPLACE (State or foreign country): Raven, Virginia

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Luther Sparks

14. MOTHER'S MAIDEN NAME: Polly White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes | (If yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CORONARY OCCLUSION	UNKNOWN
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ARTERIOSCLEROSIS WITH THROMBOSIS	UNKNOWN
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ✓, Inspection ___, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: W B Davis M D | (Degree or title): Dep Med Exam | ADDRESS: Dundalk-rd Md | DATE SIGNED: 2/25/53

23. BURIAL, CREMATION, REMOVAL (Specify): ~~Burial~~ Removal | DATE THEREOF: 2-26-53 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State): Virginia

DATE REC'D BY LOCAL REG.: | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR: Howard Blight Funeral Home | ADDRESS: 6009 Harford Rd. Baltimore, Md.

SHIP TO: Douglas Funeral Home, War, West Virginia Mildred T. Blight

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (13)

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
STREET ADDRESS (If rural, give location): 1308 Rice Avenue

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Ida (Last) Squiggins

4. DATE OF DEATH: (Month) February (Day) 19, (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widowed	8-31-1864	88 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife		Pennsylvania	USA

13. FATHER'S NAME: John Kirkpatrick

14. MOTHER'S MAIDEN NAME: Clara Casswell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	Unknown	Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
422.1 Immediate cause	(a) Acute heart failure	6 hours
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Chronic myocarditis	?
DUE TO		
	(c) Generalized arteriosclerosis	?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) M. OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-5-53, 1953, to 2-19, 1953, that I last saw the deceased alive on 2-19, 1953 and that death occurred at 4:15 a.m., from the causes and on the date stated above.

SIGNATURE: Dr. Gertrude J. Fleischmann (DEGREE OR TITLE) ADDRESS: Spring Grove State Hospital Catonsville 28 Maryland DATE SIGNED: 2-19-53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/21/53	Druid Ridge Cem.	Pikesville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR	ADDRESS
2/20/53	C. W. Hartman	Wm. J. Tickner & Sons	Balto 17, Md

VS-415 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore - 19. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jamaica Pt | LENGTH OF STAY (In this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2429. Marbai Terrace

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE as COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN as
STREET ADDRESS #1. (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) KATHRYN (Middle) L. (Last) STAGER.

4. DATE OF DEATH: (Month) Feb. (Day) 2. (Year) 1953

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow | 8. DATE OF BIRTH: Mar 29 1882 | 9. AGE last birthday: 70 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Own home | 11. BIRTHPLACE (State or foreign country): Ohio | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Haudenschild | 14. MOTHER'S MAIDEN NAME: Viola Mac Intyre

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no | 16. SOCIAL SECURITY NO.: none. | 17. INFORMANT: Alice Boyd (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4437

Immediate cause (a) Myocardial Failure. — Interval Between Onset and Death: Sudden.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive Cardiovascular disease — 10 yrs.

(c) Bronchial Asthma. — 8 years.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture neck femur. — Nov. 11. 1952

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1952, to Feb 2., 1953, that I last saw the deceased alive on Jan 31, 1953 and that death occurred at Feb. 2. — 11 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Louis N. Tollin. M.D. 6908 North Point Rd. Balto. 19. Md. 2/2/53

23. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL | DATE THEREOF: FEB 4/1953 | NAME OF CEMETERY OR CREMATORY: MIDDLETOWN | LOCATION (City, town, or county) (State): STROSBURG VA.

DATE REC'D BY LOCAL REG. 2/4/53 | REGISTRAR'S SIGNATURE: C. L. Fredrick M.A.

24. FUNERAL DIRECTOR: ULRICH FUNERAL HOME | ADDRESS: 2112 DUNDALK AVE

VS-AD T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 13

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Larchmont; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 2504 Poplar Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Larchmont; STREET ADDRESS (If rural, give location) 2504 Poplar Drive

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) R. (Last) Staley

4. DATE OF DEATH: (Month) February (Day) 11 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Oct. 10, 1872

9. AGE last birthday: 80 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired School Teacher

10b. KIND OF BUSINESS OR INDUSTRY: School Teacher

11. BIRTHPLACE (State or foreign country): Frederick, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Gideon Staley

14. MOTHER'S MAIDEN NAME: Margaret Neighoff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: No

17. INFORMANT AND ADDRESS: Miss Ella S. Staley, 2504 Poplar Drive, Larchmont

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Colon — Interval Between Onset and Death: 7 months

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION: No operation

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 17, 1941, to Feb 11, 1953, that I last saw the deceased alive on Feb 10, 1953, and that death occurred at 8.30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Joshua H. Armacost M.D. ADDRESS: 6419 Windsor Mill Road, Woodlawn DATE SIGNED: 2/13/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE: Feb. 14, 1953 NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: February 14, 1953 REGISTRAR'S SIGNATURE: R.W.

24. FUNERAL DIRECTOR: [signature] ADDRESS: 4510 Liberty Heights Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1435

CERTIFICATE OF DEATH

Reg. Dist. No. 2 ... .

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS House in the Pines 16 Fusting Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 2724 Pennsylvania Ave.

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) E. (Last) STERLING

4. DATE OF DEATH: (Month) Feb. (Day) 4 (Year) 19 53

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Nov. 8, 1872

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Conrad Opper

14. MOTHER'S MAIDEN NAME: Eliza Hayman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Mr. N. P. Sterling-35 Tanglewood Rd. Ctnsvle.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Immediate cause (a) Cerebral Hemorrhage DUE TO — 3.6 da.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chr. Hypertension Cardio-Vasc. Renal Disease DUE TO — 20 yr.

(c)

4422

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-5 ..., 1946, to 2-4, 1953, that I last saw the deceased alive on 2-4, 1953 and that death occurred at 11:08 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
William E. Talbert M.D. Catonsville-28, Md. 2-5-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 2/7/53 NAME OF CEMETERY OR CREMATORY Crisfield Cem. LOCATION (City, town, or county) (State) Crisfield, Md

DATE REC'D BY LOCAL REGISTRAR 2/6/53 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS Wm. J. Tolchester & Sons Balto 17, Md.

VS. A 15 T

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A-6 8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 903 Wilmington Avenue

3. NAME OF DECEASED: (Type or Print) (First) Alice (Middle) Pearl (Last) Stevens

4. DATE OF DEATH: (Month) (Day) (Year) February 3, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 11, 1896

9. AGE Last birthday: 56 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Howard Wheeler

14. MOTHER'S MAIDEN NAME: Frances Ella Shaw

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital Catonsville 28, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 410 X

		Interval Between Onset and Death
Immediate cause	(a) Congestive heart failure	5 days
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Cardiac hypertrophy and dilatation	?
DUE TO		
	(c) Chronic mitral endocarditis	?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-29-, 1953, to 2-3-, 1953, that I last saw the deceased alive on 2-3-, 1953, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Ethel B. Hexmann-Green MD
ADDRESS Spring Grove State Hospital Catonsville 28, Maryland
DATE SIGNED 2-3-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 2-6-53
NAME OF CEMETERY OR CREMATORY London Park
LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REG. 2/6/53
REGISTRAR'S SIGNATURE V E Harris

24. FUNERAL DIRECTOR George A. Farley - Catonsville, Md.
ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11437

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place) 1 year; HOSPITAL OR INSTITUTION OR STREET ADDRESS House in the Pines

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 28; STREET ADDRESS (If rural, give location) 57 Edmonson Ridge

3. NAME OF DECEASED (Type or Print): (First) Alice (Middle) A. (Last) Stickels

4. DATE OF DEATH: (Month) 2 (Day) 19 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 10-20-1882

9. AGE last birthday: 70 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Kentucky

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Lucas

14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mr. Ray Stickels

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CEREBRAL APOPLEXY---------- ARTERIO SCLEROSIS. — Interval between onset and death: 3-6 Mos.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) MYOCARDIAL DEGENERATION. — Interval: 1-2 yrs. / 3-6 MOS.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 0

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION: 0

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): 0

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): 0 (CITY OR TOWN) 0 (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: 0

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? 0

22. I hereby certify that I attended the deceased from Dec-13, 1953 to Feb-19, 1953; that I last saw the deceased alive on Feb-18, 1953 and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Lloyd Johnson. M.D. ADDRESS Catonsville Md DATE SIGNED 2/20/53.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 2-23-53

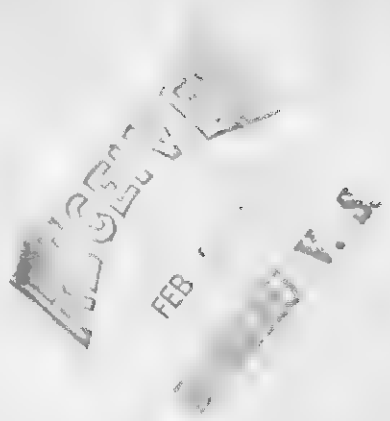
NAME OF CEMETERY OR CREMATORY: Lorraine Cemetery

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 2-22-53

REGISTRAR'S SIGNATURE: V. E. Harry

24. FUNERAL DIRECTOR: MacNabb & Son ADDRESS: Catonsville



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 415-7

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location) [illegible]

3. NAME OF DECEASED (Type or Print): (First) [illegible] (Middle) [illegible] (Last) [illegible]

4. DATE OF DEATH: (Month) [illegible] (Day) [illegible] (Year) 19[illegible]

5. SEX: [illegible] 6. COLOR OR RACE: [illegible] 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): [illegible]

8. DATE OF BIRTH: [illegible] 22, 1878

9. AGE last birthday: 75 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible]

10b. KIND OF BUSINESS OR INDUSTRY: [illegible]

11. BIRTHPLACE (State or foreign country): [illegible]

12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME: [illegible]

14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): [illegible]

16. SOCIAL SECURITY NO.: 156-18-0864

17. INFORMANT AND ADDRESS: [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial infarction — Interval between onset and death: 18 hours

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Coronary thrombosis — 18 hours

(c) Hypertensive & arteriosclerotic heart disease — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: [illegible]

19b. MAJOR FINDINGS OF OPERATION: [illegible]

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): [illegible]

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE): [illegible]

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: [illegible]

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? [illegible]

22. I hereby certify that I attended the deceased from 10/28, 1952, to 2/24, 1953, that I last saw the deceased alive on 2/24, 1953, and that death occurred at 3:00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Donald L. Somerville, M.D. ADDRESS: 25 W. Pa. Ave Towson 4, Md DATE SIGNED: 2/24/53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE: 2-26-195[illegible] NAME OF CEMETERY OR CREMATORY: [illegible] LOCATION (City, town, or county) (State): [illegible]

DATE REC'D BY LOCAL REG.: Feb 25, 1953 REGISTRAR'S SIGNATURE: Mabel C. Gray

24. FUNERAL DIRECTOR ADDRESS: [illegible]

Item 18 Film G152 4-8-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 66 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 116 W. Montgomery Street

3. NAME OF DECEASED (Type or Print): (First) EDWARD (Middle) D. (Last) SUTTON

4. DATE OF DEATH: (Month) February (Day) 14 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5-17-96

9. AGE last birthday: 56 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Crisfield, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Juston

14. MOTHER'S MAIDEN NAME: Harriett Matthers

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY No.: 217-09-0259

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1997

Immediate cause (a) CIRRHOSIS OF LIVER WITH ASCITES — Interval Between Onset And Death: UNKNOWN

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) METASTATIC CARCINOMA INVOLVING PERITONEUM, TYPE AND PRIMARY SITE UNDETERMINED

DUE TO (c)

11 OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 10, 19 52, to Feb. 14, 19 53, that I last saw the deceased on [illegible] and that death occurred at 3:00 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED 2-15-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2/19/53 — NAME OF CEMETERY OR CREMATORY: Baltimore National Cemetery — LOCATION (City, town, or county) (State): 5501 Frederick Rd., Balto. Md.

DATE REC'D BY LOCAL REGISTRAR: 2/16/53 — REGISTRAR'S SIGNATURE: G E Hendrick JT

24. FUNERAL DIRECTOR ADDRESS: Arlington S. Phillips, 1808 N. Monroe St., Balto., Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11440

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/ A15

1. PLACE OF DEATH: COUNTY Baltimore,19 MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS At Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point ,Baltimore,19 -Md.
STREET ADDRESS (If rural, give location) RFD 10,Box 352 Baltimore-19,Md.

3. NAME OF DECEASED (Type or Print): (First) Frances (Middle) (Last) Szczechowiak
4. DATE OF DEATH (Month) (Day) (Year): February 9th 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Sept-12th,1880
9. AGE last birthday: 72 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY? Poland

13. FATHER'S NAME: John Teclaw
14. MOTHER'S MAIDEN NAME: Jozefa Zynger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Andrew Szczechowiak RFD 10,Box 352 Balto,19

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hypostatic Pneumonia	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	4 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan't 1, 19 53, to Feb 9, 19 53, that I last saw the deceased alive on Feb 9, 19 53, and that death occurred at 8:20 p. m., from the causes and on the date stated above.

SIGNATURE: [illegible] (Degree or title) M.D. ADDRESS 511 S. Ann St. Balto 19 DATE SIGNED 2-11-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: FEB. 13-1953 | NAME OF CEMETERY OR CREMATORY: ST. STANISLAUS | LOCATION (City, town, or county) (State): 1300 Dundalk Md.

DATE REC'D BY LOCAL REG.: 2-11-53 | REGISTRAR'S SIGNATURE: [illegible] | 24. FUNERAL DIRECTOR: George E Weber | ADDRESS: 705 S. Ann St

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH COUNTY: BALTIMORE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ARBUTUS LENGTH OF STAY (In this place): MARYLAND HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1242 CIRCLE DRIVE	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: MARYLAND COUNTY: BALTIMORE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ARBUTUS STREET ADDRESS (If rural give location): 1242 CIRCLE DRIVE

3. NAME OF DECEASED (Type or Print)	(First) SARAH	(Middle) E.	(Last) TALL	4. DATE OF DEATH	(Month) FEBRUARY	(Day) 8	(Year) 1953
5. SEX: FEMALE	6. COLOR OR RACE: WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED	8. DATE OF BIRTH: OCT. 4, 1879	9. AGE last birthday: 73 yrs.	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WORK	10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME	11. BIRTHPLACE (State or foreign country): MARYLAND	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME: SAN FRANCISCO COUNTESS		14. MOTHER'S MAIDEN NAME: MARGARET A. MILLS.					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 213-03-6110	17. INFORMANT: MARGARET HOWIE					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
170X Immediate cause	(a) Acute heart failure	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary thrombosis	3 months
	(c) Ca of Breast	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: —	19b. MAJOR FINDINGS OF OPERATION: —	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —	(CITY OR TOWN): —	(COUNTY): —	(STATE): —
TIME OF INJURY (Month) (Day) (Year) (Hour): — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from June, 1950, to 2/8, 1953; that I last saw the deceased alive on 2/8, 1953, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Fitzhugh	MD	3701 Edmondson Ave.	2/9/53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Feb. 10, 1953	Loudon Park	Baltimore	Maryland

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/9/53	D.W. Hedrick	Joseph T. Cashow	1328 Sulphur Spring Rd.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Relay
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Relay
STREET ADDRESS (If rural, give location) 1723 Magonlia Ave

3. NAME OF DECEASED (Type or Print) (First) SARAH ~~Carla~~ (Middle) A. (Last) Travers

4. DATE OF DEATH (Month) Feb. (Day) 18 (Year) 1953

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Oct. 29 1880

9. AGE last birthday 72 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home

10b. KIND OF BUSINESS OR INDUSTRY Housewife

11. BIRTHPLACE (State or foreign country) Sparks Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William H. Price

14. MOTHER'S MAIDEN NAME Elrene Matthews

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT William K Travers 1723 Magnolia Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chr Myocarditis Decompensation — Interval between onset and death: 1 yr

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chr Bronchiectasis — 5 yrs

(c) General arteriosclerosis — ac

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 2, 1953, to Feb 18, 1953, that I last saw the deceased alive on Feb 17 1953, and that death occurred at 11:30 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature], M.D. 1609 Ma[illegible] St Baltimore 3/23/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 2/21/53

NAME OF CEMETERY OR CREMATORY Gun Powder Friends Cemetery

LOCATION (City, town, or county) Sparks Md. (State)

DATE REC'D BY LOCAL REG. 2/20/53

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR George L. Beyer, Jr. ADDRESS 1512 Hollins St. Baltimore Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Pikesville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7116 Campfield Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Pikesville
STREET ADDRESS (If rural give location) 7116 Campfield Rd.

3. NAME OF DECEASED: (Type or Print) (First) BERNARD (Middle) F. (Last) TRENKAMP

4. DATE OF DEATH: (Month) Feb. (Day) 1, (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Oct. 13, 1870

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): salesman

10b. KIND OF BUSINESS OR INDUSTRY: Wholesale coffee

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frank Trenkamp

14. MOTHER'S MAIDEN NAME: Elizabeth Frohle

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) none (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: no

17. INFORMANT & ADDRESS: Mrs. Elizabeth S. Trenkamp 7116 Campfield Rd Pikesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.0 (a) Arterio-Sclerotic Heart Disease — Interval Between Onset And Death about 5 yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO Generalized Arterio Sclerosis
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Renal Insufficiency — 3 days

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 31, 1953 to Jan 31, 1953, that I last saw the deceased alive on Jan 31, 1953, and that death occurred at 12 45 a m, from the causes and on the date stated above.

SIGNATURE Cullins C Glunt, M.D. (Degree or title) ADDRESS 5356 Reisterstown Rd, Baltimore Md. DATE SIGNED 2/2/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 2/3/53 — NAME OF CEMETERY OR CREMATORY New Cathedral Cem. — LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REGISTRAR FEB 4 1953 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR Wm. J. Pickner & Sons — ADDRESS Balto. 17, Md.

2/4/53 E. E. Nichols-cmc

VS. A 15

Copy sent
CHO

BUREAU U.S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Rosedale

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Philadelphia Road

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Baltimore

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rosedale

STREET ADDRESS (If rural, give location): Philadelphia Road

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) LOUIS (Last) UDICH

4. DATE OF DEATH: (Month) (Day) (Year) February 27, 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
male	white	Widowed	August 9, 1861	91 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Ret. Tailor	Self Employed	Baltimore, Maryland	

13. FATHER'S NAME: Udich

14. MOTHER'S MAIDEN NAME: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	16. SOCIAL SECURITY NO.: (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS:
no		Roland Udich, Phila. Rd. Rt. 2, Box 359

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
422.1 Immediate cause	(a) Coronary Occlusion	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Arteriosclerotic Cardio-Vascular disease	2 yrs
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Feb 1, 1953, to Feb 27, 1953, that I last saw the deceased alive on Feb 27, 1953, and that death occurred at 2:40 A.M., from the causes and on the date stated above.

SIGNATURE: Wm Bunn gardner (DEGREE OR TITLE) ADDRESS: Balto 6 Md DATE SIGNED: 2/28/53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	3/2/53	Loudon Park Cemetery	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
February 28. 1953	R.W.	Wm. Cook, Inc.	1217 St. Paul Street

VS-415 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1141

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wayne Kenard Court home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 151 E. Green St

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) EMILY (Last) WALKLEY
4. DATE OF DEATH: (Month) Feb (Day) 13 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	Widowed	Feb. 17 1871	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryland	U.S.A.

13. FATHER'S NAME: Lewis Phillips
14. MOTHER'S MAIDEN NAME: Elizabeth Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	213-16-0462	John E. Walkley 104 Catonsville Ave, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

196X
Immediate cause (a) Carcinoma Mandible left with Metastases

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb 1, 1953, to 13 Feb, 1953, that I last saw the deceased alive on 13 Feb 1953, and that death occurred at 5:45 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) H E McGrath M. D. ADDRESS 1707 Edmondson Ave. Catonsville Md DATE SIGNED 13 Feb 53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 16-1953	Deer Park Cemetery	Smallwood Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-14-53	Mary B. Evans	H Bankert & Son	Westminster Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0144

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 96 Fusting Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore ✓
STREET ADDRESS (If rural give location) 2442 Shirley Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Anna		Walsky	Feb	26	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Widow	Oct 28, 1890	62 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? U S A.

13. FATHER'S NAME: Jacob Solomon
14. MOTHER'S MAIDEN NAME: Sarah Bernstein

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Frank Walsky - 3330 Woodland Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 6 months

442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension - cardio-vasc. renal disease — 2 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept 8th, 1952, to Feb 26, 1953, that I last saw the deceased alive on Feb 26, 1953, and that death occurred at 5:45 P m., from the causes and on the date stated above.

SIGNATURE: T. Frederick Lentz (Degree or title) — ADDRESS: Temple Gardens Apt 17 Balto — DATE SIGNED: Feb 27 53

23. BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3 1 53	Bnai Israel Cemetery	Baltimore, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/27/53	H W [illegible]	Sol. Levinson & Bros.	1124-26 W. North Avenue

VS. A13

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. ....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY · Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 143 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp.,Ft.Howard,Md.

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 209 W. Mosher Street

3. NAME OF DECEASED: (First) CHALMER (Middle) D. (Last) WALTON
4. DATE OF DEATH: (Month) February (Day) 8, (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	10-20-18	34 yrs.		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Electronics Helper	Unknown	Los Angeles, Calfornia	U.S.A.

13. FATHER'S NAME: Frank L. Walton
14. MOTHER'S MAIDEN NAME: Lura Eades

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes	WW II	554-14-7958	Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

Immediate cause (a) CARCINOMA OF SIGMOID WITH METASTASIS — Interval Between Onset And Death: UNK.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
5/9/52 10/3/53	Excision of Carcinoma of Sigmoid Transverse Colostomy	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept. 18, 1952, to Feb. 8, 1953 and that death occurred at 8:20 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title): Joseph R. Gladue
ADDRESS: VAH, FORT HOWARD, MARYLAND
DATE SIGNED: 2-8-53
JOSEPH R. GLADUE M.D.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)	ADDRESS
Cremation	2-11-53	Balto. National Cemetery	Balto Md	

DATE REC'D BY LOCAL REGISTRAR: 2-11-53
REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR
Howard Blight Funeral Home
6009 Harford Road, Balto., Md.
Mildred T. Blight

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 448

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: AE
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Annapolis
STREET ADDRESS (If rural give location): 63 Washington Street

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) D. (Last) WARNICK
4. DATE OF DEATH: (Month) February (Day) 24 (Year) 19 53

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 3-12-1900
9. AGE last birthday: 52 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Naval Academy
11. BIRTHPLACE (State or foreign country): Matawan, New Jersey
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Franklin Warnick
14. MOTHER'S MAIDEN NAME: Mary Douglas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: 138-18-5150
17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) HYPERTENSIVE CARDIOVASCULAR DISEASE WITH SEVERE DECOMPENSATION	UNKNOWN
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) SYPHILIS, TERTIARY, CARDIOVASCULAR — DUE TO	UNKNOWN
	(c) AORTITIS	UNKNOWN
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	PULMONARY EMPHYSEMA ASTHMATIC BRONCHITIS	UNKNOWN

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 12, 19 53, to Feb. 24, 19 53, and that death occurred at 9:20 P. M., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
FRANCIS G. DICKEY, M.D. CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MARYLAND 2-25-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 2-28-53
NAME OF CEMETERY OR CREMATORY: Annapolis National
LOCATION (City, town, or county) (State): ANNapolis, Maryland

DATE REC'D BY LOCAL REGISTRAR: 2/28/53
REGISTRAR'S SIGNATURE:
24. FUNERAL DIRECTOR: William Reese Mortuary
ADDRESS: 108 W. Washington St Annapolis, Maryland

VS. 115

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the nouses of death clearly and legibly.

VS. A-6—5-51

1. PLACE OF DEATH:
COUNTY Balto. Co. MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cockeysville, Md.
LENGTH OF STAY (In this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Offutt Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto. Md.
STREET ADDRESS (If rural, give location) 6 E. Reade St.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
MARY	Davidson	Watmough	Feb.	4	1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widow	Dec 8, 1870	82 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
HW		Balto, Md.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William T. Davidson	Salvadora ~~Reade~~ Co Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	None	William N. Watmough Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

3 7 X

Immediate cause (a) Cerebral Vascular Accident — Interval Between Onset and Death: 10 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Cerebral Arteriosclerosis — Interval: one year

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis — one year

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 27, 1950, to Feb. 4, 1953, that I last saw the deceased alive on Feb. 4, 1953, and that death occurred at 11:15 A.M., from the causes and on the date stated above.

SIGNATURE Walter T. Kies (DEGREE OR TITLE) M. D. ADDRESS Cockeysville Md DATE SIGNED 4 Feb 53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb 6-1953	Green mount cem	Balto City Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4 Feb 53	Anne Armistead McPhail	H. M. Jenkins & Sons	6490 York Road

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 35

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Freeland; MARYLAND; LENGTH OF STAY (in this place) 2 mos.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Freeland; STREET ADDRESS (If rural, give location) Main St.

3. NAME OF DECEASED (Type or Print): (First) George (Middle) A. (Last) Weaver.

4. DATE OF DEATH: (Month) Febr. (Day) 18, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Febr. 15 1871

9. AGE last birthday: 82 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Floor sweeper.

10b. KIND OF BUSINESS OR INDUSTRY: Plastic Mdlg. Plant.

11. BIRTHPLACE (State or foreign country): Cecil Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Weaver

14. MOTHER'S MAIDEN NAME: Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 161-20-4141

17. INFORMANT AND ADDRESS: James Weaver. - Freeland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio-Vascular-renal failure — Interval Between Onset and Death:

442x

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 19 52, to Febr. 18, 19 53, that I last saw the deceased alive on Febr. 18, 19 53, and that death occurred at 6:15 P. m., from the causes and on the date stated above.

SIGNATURE: I. M. Teasle M.D. (Degree or title) ADDRESS Fairfax Ind. DATE SIGNED Feb. 20 53

23. BURIAL, CREMATION, REMOVAL, (Specify): Burial

DATE THEREOF: Febr. 21, 1953

NAME OF CEMETERY OR CREMATORY: Middletown Cemetery

LOCATION (City, town, or county) (State): Freeland, Balto. Co. Md.

DATE REC'D BY LOCAL REG. 2/20/53

REGISTRAR'S SIGNATURE: C. Vesta L. Preston

24. FUNERAL DIRECTOR: Jacob Hartenstein

ADDRESS: New Freedom, Pa.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01451

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wayne N. H. 99 Smithwood Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto. City
STREET ADDRESS (If rural give location) 319 N. Payson St

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ida	B	Weems	Feb	25	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	Widow	May 29-1875	77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At Home	own. Home	Balto. City md	U S a

13. FATHER'S NAME: Alexander H Beaumont
14. MOTHER'S MAIDEN NAME: Margaret Schaefer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	None	Mr Clifton Beaumont 927 Mulberry St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronary Occlusion	
260X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio sclerosis	
(c) Diabetes Mellitus	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—			

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Jan 15, 1950, to Feb 23, 1953, that I last saw the deceased alive on Feb 23, 1953, and that death occurred at 1:30 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Benjamin Kadew	M.D.	2306 Eutaw Pl Baltimore-17 Md	2-25-53

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	2/28/53	Mt Olivet Cem	Balto	Md

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb 28 1953	V E Harry	Lassahn Funeral Home	7401 Belair Rd

VS. A13

MARYLAND STATE DEPARTMENT OF HEALTH

01452

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Ellicott City — LENGTH OF STAY (In this place) 52 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Oella Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Ellicott City
STREET ADDRESS (If rural, give location) Oella Avenue

3. NAME OF DECEASED (Type or Print): (First) WILBUR (Middle) M. (Last) WELCH
4. DATE OF DEATH: (Month) February (Day) 26 (Year) 1953.
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: March 11, 1872.
9. AGE last birthday: 80 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Loom Fixer
10b. KIND OF BUSINESS OR INDUSTRY: Woolen Mill
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Jacob Welch
14. MOTHER'S MAIDEN NAME: Catherine MacFillan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-09-6096
17. INFORMANT AND ADDRESS: Mrs. Wilbur Welch, Oella Ave. Ellicott City Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Pancreas — 4 months

157 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: Oct 3, 1952 — 19b. MAJOR FINDINGS OF OPERATION: Carcinoma of head of Pancreas — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1952 to 2-26, 1953 that I last saw the deceased alive on 2-25, 1953, and that death occurred at 8:40 P. m., from the causes and on the date stated above.

SIGNATURE: George E. Bungtop M.D. (Degree or title) — ADDRESS: Ellicott City — DATE SIGNED: 2-27-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: March 1, 1953. — NAME OF CEMETERY OR CREMATORY: Good Shepherd Cemetery — LOCATION (City, town, or county) (State): Ellicott City, Maryland.

DATE REC'D BY LOCAL REG. 2-28-53 — REGISTRAR'S SIGNATURE: V E Harry

24. FUNERAL DIRECTOR: Easton Sons — ADDRESS: Catonsville 28, Md.

VS. A15

MAR 3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A12

1. PLACE OF DEATH — COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Edgemere — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Mass — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Edgemere 14 Mi
STREET ADDRESS (If rural, give location): 7501 Sycamore Ave

3. NAME OF DECEASED (Type or Print): (First) Ernest (Middle) Leo (Last) Wells

4. DATE OF DEATH: (Month) February (Day) 5th (Year) 1953

5. SEX: M — 6. COLOR OR RACE: Col — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Sgl

8. DATE OF BIRTH: October 4th 1923 — 9. AGE last birthday: 19 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Schoolboy — 10b. KIND OF BUSINESS OR INDUSTRY: School

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: Ernest Lee Wells

14. MOTHER'S MAIDEN NAME: Cora Lee Bailey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Cora Lee Wells Mother 2501 Pyc. Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Carcinoma — Interval Between Onset and Death: June 1951

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 163x

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: June 1951 — 19b. MAJOR FINDINGS OF OPERATION: Carcinoma of right arm

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1951 to Feb 4th, 1953, that I last saw the deceased alive on February 4th 1953, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

SIGNATURE: R. F. Thomas M.D. (Degree or title) — ADDRESS: 107 N. Main St Baltimore 2 Md — DATE SIGNED: 2/5/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Feb 8/53 — NAME OF CEMETERY OR CREMATORY: Mt. Calvary Cem — LOCATION (City, town, or county): A.A. County (State): Md

DATE REC'D BY LOCAL REG.: — REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: Mrs. Lott A. Elliott & Daughter — ADDRESS: 1129 N. Caroline St

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ANNAPOLIS
LENGTH OF STAY (In this place) 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRING GROVE STATE HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY ANNE ARUNDEL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ANNAPOLIS
STREET ADDRESS (If rural, give location) 1410 WEST ST. ✓

3. NAME OF DECEASED: (Type or Print) (First) RICHARD (Middle) T. (Last) WELLS

4. DATE OF DEATH: (Month) 2 (Day) 20 (Year) 19 53

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: 6-5-1861

9. AGE last birthday: 91 yrs. — IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: RICHARD WELLS

14. MOTHER'S MAIDEN NAME: MARY ELIZABETH TROTT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) UNK. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: UNK.

17. INFORMANT & ADDRESS: RECORDS OF SPRING GROVE STATE HOSP.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
450.0 Immediate cause	(a) CARDIO-RESPIRATORY FAILURE	
	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) GENERALIZED ARTERIOSCLEROSIS	UNK.
	DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: NONE — **19b. MAJOR FINDINGS OF OPERATION:** —

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): NONE — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

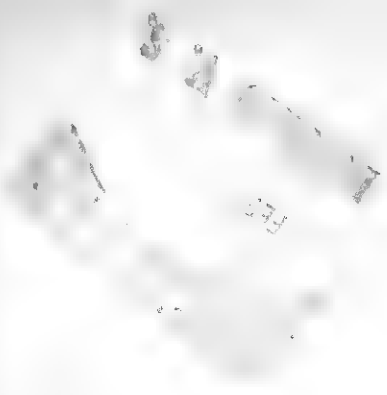
22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on 2nd 20....., 19 53, and that death occurred at 12.10 A.m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) ADDRESS Spring Grove State Hosp. DATE SIGNED 20 Feb 53

23. BURIAL, CREMATION, REMOVAL (Specify): — DATE THEREOF 2-22-53 — NAME OF CEMETERY OR CREMATORY Edwards Chapel — LOCATION (City, town, or county) (State) Parole Md.

DATE REC'D BY LOCAL REG. Feb. 21, 1953 — REGISTRAR'S SIGNATURE Victor Harry-one — **24. FUNERAL DIRECTOR** John W. Taylor Sons — ADDRESS Annapolis Md.

VS. A15 8-51



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0145

CERTIFICATE OF DEATH

Reg. Dist. No. 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDR Augsburg Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville Dawson
STREET ADDRESS (If rural, give location) 20 E. Lexington Ave. Augsburg Home Lutheran Old Peoples Home Pikesville Md

3. NAME OF DECEASED (Type or Print): John (First) L. (Middle) Westerman (Last)

4. DATE OF DEATH: (Month) Feb. (Day) 26 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: May 11 1867

9. AGE last birthday: 85 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Postal Clerk-Retired

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Post Office

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William Westerman

14. MOTHER'S MAIDEN NAME: Katherine Killian

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Anna B. Westerman Augsburg Home

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Influenza -	7 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio - Sclerosis Heart Disease	2 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchitis Arterio - Sclerosis — 2 yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1950, to Feb 26, 1953, that I last saw the deceased alive on Feb. 25, 1953, and that death occurred at 3 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Earl L. Chambers M.D. 4108 Liberty Hts. Baltimore 7 Md. 3-2-53

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF Mar. 2, 1953 NAME OF CEMETERY OR CREMATORY St. Pauls - United Hill P.C. LOCATION (City, town, or county) Balto. (State) Md.

DATE REC'D BY LOCAL REG. 3 MAR 53

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: John C. Mellor Inc. ADDRESS 2431 E. Oliver St.

4713

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[illegible]15

CERTIFICATE OF DEATH

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Baltimore - Woodlawn
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Woodlawn
STREET ADDRESS (If rural give location) 1915 Gwynn Oak Ave.

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Allen (Last) White

4. DATE OF DEATH: (Month) Feb. (Day) 15 (Year) 19 53

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 14, 1875

9. AGE Last birthday: 78 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Time Keeper

10b. KIND OF BUSINESS OR INDUSTRY: Baltimore Transit

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) ------

16. SOCIAL SECURITY NO.: 213-10-3040

17. INFORMANT & ADDRESS: Francis A. White-1915 Gwynn Oak Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0
Immediate cause (a) Arterio-Sclerotic Heart Disease — Interval Between Onset And Death: 6 yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c) Generalized Arterio-Sclerosis. — 6 mos.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 3, 1946, to Feb. 15, 1953, that I last saw the deceased alive on Dec. 12, 1952, and that death occurred at 12.45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Earl L. Chambers M.D. — 4108 Liberty Hts. Ave. - Baltimore 7, Md. — Feb. 18, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Feb. 18, 1953 — NAME OF CEMETERY OR CREMATORY Lorraine Cem. — LOCATION (City, town, or county) Woodlawn, Md. — (State)

DATE RECD BY LOCAL REGISTRAR 2/18/53 — REGISTRAR'S SIGNATURE A W Hedrick

24. FUNERAL DIRECTOR Ellsworth Ormaco — ADDRESS 4600 Liberty Hghts. Ave.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore 14 MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 617-I-St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE as. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ne
STREET ADDRESS #1. (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) JOHN. (Middle) THOMAS (Last) WHITTLEY.
4. DATE OF DEATH: (Month) FEB. (Day) 20 (Year) 1953.
5. SEX male | 6. COLOR OR RACE Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH Jan. 15.1875 | 9. AGE last birthday 78 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Belt conveyor | 10b. KIND OF BUSINESS OR INDUSTRY Steel | 11. BIRTHPLACE (State or foreign country) Virginia. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Arthur Whittley. | 14. MOTHER'S MAIDEN NAME Catherine Penn
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 216-09-5799 | 17. INFORMANT Annie Whittley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial Failure - 2 hours.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Hypertensive Cardio Vascular Disease 10 years.
(c) Generalized arteriosclerosis. 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus 8 yrs.

19a. DATE OF OPERATION | 19b. ~~MAJOR FINDINGS OF OPERATION~~ Decubitus ulcers 2 wks. | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1950 to Feb 20, 1953, that I last saw the deceased alive on Feb. 20, 1953, and that death occurred at 5-20P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Louis N. Pollen M.D. | 6908 N. Pt. Rd. Balto. 19. Md | 2/20/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 2/24/53 | NAME OF CEMETERY OR CREMATORY Arbutus Mem. Park | LOCATION (City, town, or county) (State) Balto. Co. Md.
DATE REC'D BY LOCAL REG. 2/23/53 | REGISTRAR'S SIGNATURE Q. W. Hedrick M.D. | 24. FUNERAL DIRECTOR ADDRESS Charles L. Law, 802 Mad. Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 15

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 67 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): ~~2631 N. Hilton Street~~ 510 S. Payson St.

3. NAME OF DECEASED (Type or Print): First: MILTON; Middle: L.; Last: WIDERMAN

4. DATE OF DEATH: (Month) February (Day) 4 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 4-14-87

9. AGE Last birthday: 65 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Bartender

10b. KIND OF BUSINESS OR INDUSTRY: Saloon

11. BIRTHPLACE (State or foreign country): Hebbville, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Lemuel Widerman

14. MOTHER'S MAIDEN NAME: Elizabeth ~~(MN: Unknown)~~ Grill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes
(If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 212-01-3985 Unknown

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

162X

Immediate cause (a) CARCINOMA OF LEFT LUNG

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Interval Between Onset And Death: UNKNOWN

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION: 1-23-53

19b. MAJOR FINDINGS OF OPERATION: Duodenojejunostomy and Tracheostomy

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that ~~I~~ VA attended the deceased from Nov. 29, 1952, to Feb. 4, 1953, ~~that I last saw the deceased alive on~~ and that death occurred at 9:00 P. M., from the causes and on the date stated above.

SIGNATURE: WILLIAM B. VANDEGRIFT, M. D. (Degree or title)

ADDRESS: VAH, FORT HOWARD, MARYLAND

DATE SIGNED: 2-5-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Feb. 9, 1953

NAME OF CEMETERY OR CREMATORY: Mt. Olive Cemetery

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 2/6/53

REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR ADDRESS: E. Willis Lamoreau Funeral Home, 4510 Liberty Heights Ave., Baltimore, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Carney
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9635 Dixon Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Carney
STREET ADDRESS (If rural give location) 9635 Dixon Ave.

3. NAME OF DECEASED: (Type or Print) (First) MARTHA (Middle) J. (Last) WILLHAUCK

4. DATE OF DEATH: (Month) Feb. (Day) 5 (Year) 19 53

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: July 5, 1867

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Daughton

14. MOTHER'S MAIDEN NAME: Sarah Pruitt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mrs. Marguerite Stevens-9635 Dixon Ave. Carney, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Arteriosclerotic C.V. Disease DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Gangrene, right foot DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 19, 1949, to Feb. 5, 1953, that I last saw the deceased alive on Feb. 5, 1953, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

SIGNATURE Nathan Janney (Degree or title) M.D. ADDRESS 7101 Harford Rd DATE SIGNED 2/7/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 2/8/53 NAME OF CEMETERY OR CREMATORY Calvary Church Cem. LOCATION (City, town, or county) (State) Jarrettsville, Md.

DATE REC'D BY LOCAL REGISTRAR FEB 8 - 1953 REGISTRAR'S SIGNATURE Huntington Latrobe, M.D.

24. FUNERAL DIRECTOR: Wm. J. Vickers & Sons ADDRESS Walter N. Hammett one Balto. 17, Md.

VS. F. 15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A1BA

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (In this place) 2yrs 2mos. 25days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1806 West Lafayette Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Margaret	Fullam	Williams	February 18, 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	6-20-1873	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Ireland	USA

13. FATHER'S NAME: John J. Fullam
14. MOTHER'S MAIDEN NAME: Mary Jane Cartee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
No		Unknown	Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchopneumonia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerotic heart disease

(c) fracture right femur

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	hospital	Catonsville	Baltimore	Md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☑	HOW DID INJURY OCCUR?
July 27 53 8:30 a.m.		Going to toilet broke hip

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[illegible]	M.D.	1010 Lucas Ave Balto	Feb. 21 53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	2/21/53	New Cathedral Cem.	Baltimore	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-20-53	[illegible]	John A. Moran Per H.C. Lewis	3000 E. Baltimore St

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 3-8 — 16

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Baltimore — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson — MARYLAND LENGTH OF STAY (In this place): — HOSPITAL OR INSTITUTION OR STREET ADDRESS: 511 Charles Street Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Baltimore — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson — STREET ADDRESS (If rural, give location): 511 Charles Street Ave.

3. NAME OF DECEASED (Type or Print): (First) Patsy (Middle) Virginia (Last) Williamson

4. DATE OF DEATH: (Month) Feb. (Day) 20, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Feb. 14, 1949

9. AGE last birthday: 4 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Neil J. Williamson

14. MOTHER'S MAIDEN NAME: Lois Virginia Williamson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT: Neil J. Williamson, Towson, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia, accidental strangulation by hanging — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fractured neck, 2nd & 3rd cervical — Sudden

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, streets, office bldg., etc.) OF INJURY: Home yard — (CITY OR TOWN): Towson — (COUNTY): Baltimore — (STATE): Md

TIME OF INJURY: (Month) Feb (Day) 20 (Year) 1953 (Hour) 5 p.m. — INJURY OCCURRED While at work ☐ Not while at work ☑ — HOW DID INJURY OCCUR? Sliding down a rope at play on rope and pulley; slipped thru

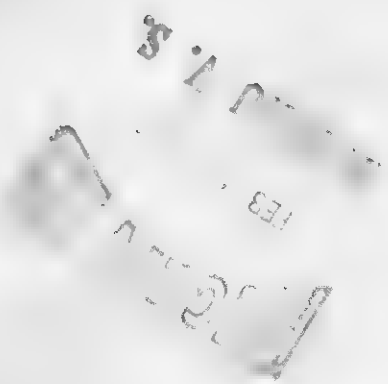
22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Rollin L. Hudson — (Degree or title): M.D., D.M.E. — ADDRESS: Towson, Md. — DATE SIGNED: 2/23/53

23. BURIAL, CREMATION, REMOVAL (Specify): Interment — DATE THEREOF: Feb. 22, 1953 — NAME OF CEMETERY OR CREMATORY: Prospect Hill Cemetery — LOCATION (City, town, or county) (State): Towson, Md.

DATE REC'D BY LOCAL REG.: Feb. 23, 1953 — REGISTRAR'S SIGNATURE: Mabel C. Gray

24. FUNERAL DIRECTOR — ADDRESS: John Wilson's Sons, Towson, Md.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE (816)

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Catonsville, Md. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville, Md. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS House In The Pines

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural give location) 3216 Howard Park Ave.

3. NAME OF DECEASED: (Type or Print) (First) Stanley (Middle) Fletcher (Last) Witman, Sr.
4. DATE OF DEATH: (Month) Feb. (Day) 3 (Year) 1953
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Sept. 13, 1870
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Retired Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Wm. H. Cole Hardware Co.
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John H. Witman
14. MOTHER'S MAIDEN NAME: Katherine Fletcher

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 218-07-9479
17. INFORMANT & ADDRESS: Flora L. Witman, 3216 Howard Pk. Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Immediate cause (a) Senescence Old Age
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Generalized Arteriosclerosis
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1950, to Sept 13, 1953, that I last saw the deceased alive on Sept 13, 1953, and that death occurred at ....., from the causes and on the date stated above.
SIGNATURE (Degree or title) W. Thos. J. Abbott ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Feb. 5, 53
NAME OF CEMETERY OR CREMATORY Woodlawn
LOCATION (City, town, or county) (State) Woodlawn, Md.

DATE REC'D BY LOCAL REGISTRAR 2/6/53
REGISTRAR'S SIGNATURE a w Redwood
24. FUNERAL DIRECTOR Ellsworth Armacost
ADDRESS 4600 Liberty Hghts. Ave.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
LENGTH OF STAY (in this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 458 Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
STREET ADDRESS (If rural, give location) 458 Main Street

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) A (Last) Wolf

4. DATE OF DEATH: (Month) (Day) (Year) Feb. 25, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Dec. 18, 1870

9. AGE last birthday: 82 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): York County, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry Kreidler

14. MOTHER'S MAIDEN NAME: Elizabeth Gable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Charles R. Fuss, Reisterstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary - thrombosis	Live R
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) hypertension -	5 yrs
	(c) arteriosclerosis	years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-30, 19..., to 2-25, 1953, that I last saw the deceased alive on 2-26-53, 19..., and that death occurred at 4 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Grace L. Saffell M.D. Reisterstown, Md. 2-26-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 27, 1953	Druid Ridge Cem.	Pikesville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
2-26-53	Mary B. Eline	J.F. Eline & Sons, Reisterstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 16

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY BALTIMORE — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 30 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE VIRGINIA — COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CHARLOTTESVILLE, VA.
STREET ADDRESS (If rural give location) 116 E. Main Street

3. NAME OF DECEASED: (Type or Print) (First) LINWOOD (Middle) L. (Last) WOOD

4. DATE OF DEATH: (Month) Feb. (Day) 15 (Year) 19 53

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 3/12/93

9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Dispatcher

10b. KIND OF BUSINESS OR INDUSTRY: Govt.

11. BIRTHPLACE (State or foreign country): Mitchell River, Va.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William (dec)

14. MOTHER'S MAIDEN NAME: Rosabelle MN: Sanderging (dec)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW 1

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Clin. Rec., Vet. Adm. Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

161

Immediate cause (a) CARCINOMA OF LARYNX — Interval Between Onset And Death: UNKNOWN

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 16, 19 53, to Feb. 15, 19 53 that I last saw the deceased alive on [illegible] and that death occurred at 7:10 am., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED 2-15-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 2/18/53 — NAME OF CEMETERY OR CREMATORY Charlottesville — LOCATION (City, town, or county) Charlottesville (State) VA

DATE REC'D BY LOCAL REGISTRAR Feb 16-53 — REGISTRAR'S SIGNATURE Dawson L. Harber

24. FUNERAL DIRECTOR Wm. Cook Inc. — ADDRESS St. Paul & Preston Sts.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
   COUNTY: Baltimore
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodlawn
   MARYLAND LENGTH OF STAY (in this place):
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6415 Gilmore Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: Md. COUNTY: Balto.
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Woodlawn
   STREET ADDRESS (If rural give location): 6415 Gilmore Ave.

3. NAME OF DECEASED: (First) CARL (Middle) M. (Last) YALE (Type or Print)

4. DATE OF DEATH: (Month) Feb. (Day) 24, (Year) 19 53

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: April 29, 1884

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Clerk (rtd)

10b. KIND OF BUSINESS OR INDUSTRY: Automobiles

11. BIRTHPLACE (State or foreign country): Michigan

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Yale

14. MOTHER'S MAIDEN NAME: Mary E. Nehr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Nellie B. Yale - 6415 Gilmore Ave. #7

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: 1 hr

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Generalized Arteriosclerosis

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-10, 19 53, to 2-24, 1953, that I last saw the deceased alive on 2-24, 19 53, and that death occurred at 1:30 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title): Roy T. Abbott — ADDRESS: 4509 Liberty Heights — DATE SIGNED: 2-26-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2/26/53 — NAME OF CEMETERY OR CREMATORY: Woodlawn Cem. — LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE REC'D BY LOCAL REGISTRAR: 2/26/53 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Wm. J. Tichner & Sons — ADDRESS: Balto. 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18.

CERTIFICATE OF DEATH

U1466

Reg. Dist. No. 4X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ages especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 1621 N. Carey Street ✓

3. NAME OF DECEASED: (First) HENRY (Middle) J. (Last) YOUNG
4. DATE OF DEATH: (Month) February (Day) 24 (Year) 19 53
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 7-10-97
9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Oyster Shucker
11. BIRTHPLACE (State or foreign country): St. Mary Co., Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry J. Young
14. MOTHER'S MAIDEN NAME: Jennie Mack

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
443X Immediate cause	(a) HYPERTENSIVE CARDIOVASCULAR DISEASE	UNKNOWN
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) UREMIA	3 WEEKS
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb.8, 19 53, to Feb.24, 19 53 and that death occurred at 1:02 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title): FRANCIS G. DICKEY, M. D., CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. — ADDRESS — DATE SIGNED: 2-25-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3/2/53 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 2/26/53 — REGISTRAR'S SIGNATURE: [signature] ✓

24. FUNERAL DIRECTOR — ADDRESS: Thomas E. Kelson Funeral Home, 1303 Presstman Street, Baltimore, Maryland

[signature] Thomas E. Kelson

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and forcibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: Fort Howard
LENGTH OF STAY (in this place): 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 104 W. Burnett Street

3. NAME OF DECEASED: (Type or Print) (First) ALBERT (Middle) L. (Last) ZIMMERMAN

4. DATE OF DEATH: (Month) February (Day) 1 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 8/8/73

9. AGE last birthday: 79 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Barber

10b. KIND OF BUSINESS OR INDUSTRY: Barber

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John

14. MOTHER'S MAIDEN NAME: Annie Miller

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service) SPA

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) BRONCHOPNEUMONIA — Unknown

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. 420.0

(b) ARTERIOSCLEROTIC HEART DISEASE — Unknown

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Jan. 28, 19 53, to Feb. 1, 19 53 [illegible], and that death occurred at 10 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title): MILTON GINSBERG, M.D. — ADDRESS: VAH, Fort Howard, Md. — DATE SIGNED: 2/1/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2-3-53 — NAME OF CEMETERY OR CREMATORY: Mt. Samuel Cem Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR: 1/31/53 — REGISTRAR'S SIGNATURE: BM

24. FUNERAL DIRECTOR — ADDRESS: Howard Blight Funeral Home, 6009 Harford Rd Baltimore, Md.

Mildred T. Blight